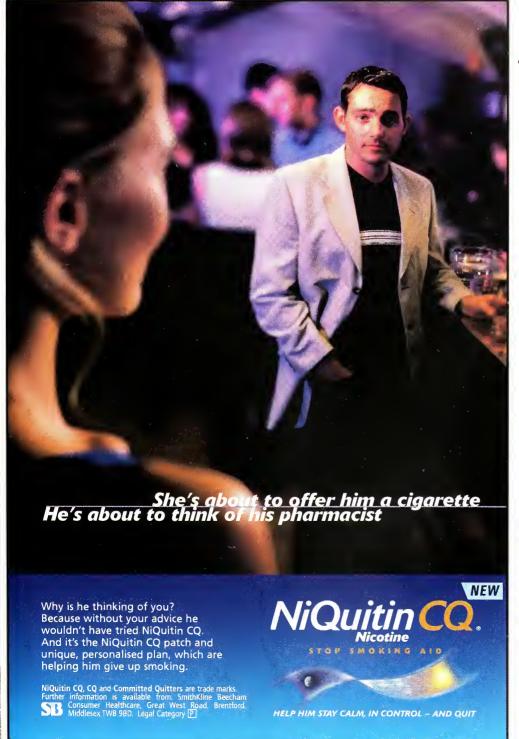
THE NEWSWEEKLY FOR PHARMACY



PCGs benefit from clawback cash concern

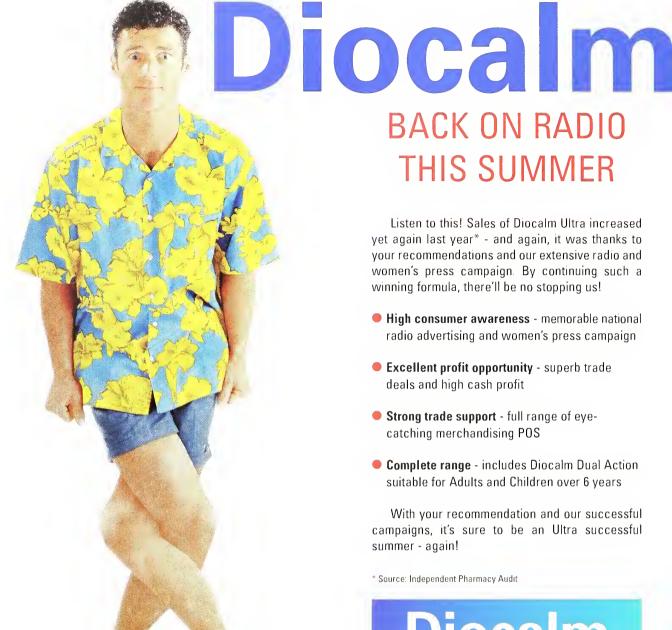
Welsh Office changes drug misuse strategy Guest editor: the next generation Scottish pharmacy lobbies MSPs with briefing document

Seton Scholl in £1.43bn merger with London International



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CHEMIST& DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 251 No 6190 139th YEAR OF PUBLICATION ISSN 0009-3033

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COMMENT

ny pharmacist in England who thinks that devolution in Scotland and Wales is likely to have little influence on the way their professional body functions had better think again. Scottish pharmacists have not been slow to make their mark on the political scene with the launch of 'No Appointment Necessary' (see p39). That the document was launched under the description of the 'Royal Pharmaceutical Society in Scotland' has already raised eyebrows. But common sense says it is the right thing to have done. No one in Edinburgh or Cardiff, in the present political climate, wants to talk to a London-based organisation. This is especially true in Scotland, where some 35 per cent of business in the Scottish Parliament, which has primary legislative powers, will be to do with health matters. Politicians and the NHS in Scotland want a local focus. The Society's Scottish members have long felt marginalised in the Society's operations, and although the chairman of the Scottish Executive, along with his Welsh counterpart, now attend Council meetings, they have no vote. Representation is an issue which may need to be discussed in the future. The Society would be unwise to take issue with the Scottish Department over its new public description, even if there is a suspicion that those canny Scots have pulled a flanker. What is needed now is collaboration and support. Opportunities for pharmacy in Scotland may well arrive ahead of those in England, and if Scottish pharmacists have the energy to progress initiatives, the last thing they need is the brakes being applied from RPSGB HQ. RPSiS chairman Graeme Millar says the last thing he wants is 'UDI'. But he also warns that, with diverging political agendas, there has to be flexibility in the links between York Place and Lambeth, otherwise the two will be torn apart. So it looks as if more new ways of working will have to be taken on board at Society HQ.

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Miller Freeman







Improving Recovery from depressive illness

Improving Recovery', a new policy report which looks at the prevention and treatment of depressive illness, calls for more balanced psycho-social and pharmaceutical care provision in general practices and other settings, including community pharmacies.

It sets out an agenda for further progress in the prevention and treatment of depression which requires members of the primary health care team, including pharmacists and GPs, to work more closely together to improve standards of care. Author Professor David Taylor welcomed the formation of primary care trusts and groups, and a new national strategy for community pharmacy development as opportunities to provide better, more cost-effective pharmaceutical and psycho-social care.

Empowering the patients was seen as important in the area of depressive illness—and—'Improving—Recovery' stresses the need for service users to be given comprehensive information about their condition and treatment. The report questions whether restrictions on advertising of prescription medicines to the public was outdated with the increased use of the internet as a source of health information.

Anti-depressants account for 20-25 per cent of the estimated £750m per annum that the NHS and other public services spend directly on care of people with depression.

'Improving Recovery' (£9.99 including p&p) is available from Doris Long at the Centre for Pharmacy Practice, The School of Pharmacy, University of London. Tel: 0171 753 5856.

£1m worth of medicines DUMPed in East Lancashire

At least £1 million worth of medicines are wasted in East Lancashire each year, according to a recent study.

The study collected DUMP bins containing a month's unused medicines from community pharmacies in the area and analysed quantities of each type. The value of drugs returned to just 25 pharmacies was £18,500, equivalent to £1 million a year for the 114 pharmacies in the county.

Respiratory drugs were the largest value group of medicines returned, accounting for 22 per cent of the total. Of all the unwanted medicines,*18 per cent were in unopened packs.

Croydon pharmacists to renew environmental health scheme

Croydon pharmacists are guaranteed £10,000 funding to continue an environmental health scheme in the borough for another year.

Local Pharmaceutical Committee secretary Andrew McCoig said the environmental health department is also considering extending the scheme. He will meet them in the next few days to evaluate the scheme so far. Launched last October, the scheme involves 26 pharmacies displaying information designed to tackle inequalities of health (*C&D* October 24, 1998, p4). Pharmacists are trained in specific areas and monthly in-pharmacy poster campaigns are used to alert customers to services and support available from the council. Campaigns over the winter included

encouraging the elderly to claim heating allowances, raising awareness of benefit entitlement and grants to repair homes.

Mr McCoig said some of the subjects, six months into the scheme, have been more successful in certain areas. The forthcoming meeting will look to 'tweak' the strategy and provide a much more tailored service.

Drugs report sets out targets for 2008

Drugs tsar Keith Hellawell has set a target to double the number of substance misusers receiving effective treatment in the next decade.

In his first annual report and national plan, announced on Tuesday, Mr Hellawell says that he wants the number of people participating in drug treatment programmes, "which have a positive impact on health and crime", to increase 100 per cent by 2008, and by 66 per cent by 2005.

The Government is supporting the drugs strategy with £217 million, of which a 'large proportion' will be

aimed at treatment and education over the next three years. "I expect that to make a substantial impact on the amount of drug related crime committed and the severe misery that causes," says Mr Hellawell. "We know that treatment works. It is the only way to break the link between drugs and crime."

However, he admits at present that the scope, accessibility and sometimes the effectiveness of available treatments are inconsistent and generally insufficient. In addition: "The information available on the use of those services is no longer appropriate for the needs of the strategy"As such, a review is being carried out on the registered drug misuser database.

"In terms of access to prescribing services, one of the barriers to meeting demand has been the limited engagement of drugs misusers through primary care, although there are examples all over the country where GPs and primary care teams are offering excellent support to drug misusers," he writes.

Part of the problem has been a reluctance by doctors to offer drug misuse services.

PCGs given a share of pharmacy clawback cash

Pharmacists are calling for money culled by health authorities from the discount clawback to be re-invested directly in pharmaceutical care, rather than being passed on to primary care groups.

However, health authorities are insisting that the money remain within the health service and that, in most cases, it is going to primary care groups. It is understood the decision was prompted by a PCG claiming that the money was 'rightfully' theirs as it comes from the prescribing budget.

Argument over the money follows the increase in the discount clawback. As health authorities are charged the net cost (the amount pharmacists claim for drug costs less the amount for discount) the increase in clawback has left extra money in the HA drug budgets. This is being seen by some as a 'windfall' for PCGs.

Pharmaceutical Services Negotiating Committee financial executive Godfrey Horridge wrote last week to local pharmaceutical committee secretaries saying that there is some confusion about the year on year effect of the increase in the discount clawbacks scale. Some HAs are reducing drug budgets prior to allocation to PCGs or local health groups by up to 4 per cent because of this. "Where this has not been done prior to allocation of the drug budgets to PCG/LHGs, the PCG/LHGs are assuming they will get an automatic saving against their allocated budget."

Mr Horridge has advised the LPC secretaries to bear in mind that the year on year effect on the increase in clawback is only forecast at 1.42 per cent of the total drugs budget. In addition, any savings to the PCGs/LHGs arising from the higher clawback could easily be affected by factors such as the recent rise in generic drug prices.

Contractors would argue that the discount arises through their own efforts to find the best priced medicines and to save the NHS money. They feel that the HA should allocate the money to pharmaceutical services.

Merton, Sutton & Wandsworth HA pharmaceutical advisor Norman Evans is sympathetic to this viewpoint, saying that it is accepted that this extra money is a result of pharmacists' judicious purchasing, but adds that it is health service money so should go back to the NHS. The money in MSWHA, like many other HA areas, has

been given to its PCGs for the service provision of healthcare.

He stressed that it will not be used to remunerate doctors or nurses or other staff. However, he added: "As a pharmaceutical advisor I can have an influence over where it goes. Many HAs would like to keep the whole lot, but we agreed some would go to PCGs so that all would share the benefit."

Burton is guest editor

Pharmocy groduotes ore entering o profession undergoing o ropid pace of chonge. This week's guest editor is Jonothon Burton president of the British Phormoceuticol Students' Association. He sets out the views of the youngest sector of the profession, with YPG member Alostoir Buxton exploining why young pharmacists should involve themselves in the debate obout shoping the future for phormacy. RPSGB pre-reg odministrotor Sian Dovies looks at whot it tokes to become o tutor while Professor Claire Mockie explains why the current pharmacy degree courses are turning out graduates better prepared for the world of pharmacy.

Wales looks to more local drugs and alcohol strategy

Wales is to have a more localised antidrugs strategy based on a new advisory structure on substance misuse.

In a letter to tell the Welsh Advisory Committee on Drugs and Alcohol Misuse members that the committee was being replaced, Welsh secretary and first minister in the Welsh Assembly Alun Michael says a "more action-focused approach centred largely on the five Welsh Drug and Alcohol Action Teams" is needed. These are seen to be much more in touch with the Welsh Drug and Alcohol Strategy at a local level.

The new advisory structure replacing WACDAM will bring together the five DAAT chairmen, and a group of experts covering the key areas of expertise. These include crime and disorder, health, pharmaceutical matters, social services, the voluntary sector and youth. This group is expected to operate for the next 12 months, with the Assembly launching a refocused substance misuse strategy later this year.

Mr Michael has taken the decision to end WACDAM without consulting that committee. Members were only informed that the decision had been made in the letter signed by the Welsh secretary and sent out last week.

WACDAM was originally set up for three years and would have been due for review in September. It had recently completed a report comparing the Welsh substance misuse strategy with the UK strategy. The chairman of WAC-DAM will be writing to Mr Michael.

Prescribing advice role proposed for clinical pharmacologists

Consultants in clinical pharmacology should be more involved in ensuring cost effective NHS prescribing, says a report from the Royal College of Physicians.

A RCP working party has recommended ways in which clinical pharmacologists can contribute to more cost effective prescribing. These include pharmacoeconomic evaluations, becoming members of area prescribing committees, getting involved in local prescribing decisions at health authority and hospital level, and educating hospital doctors and GPs. Joint appointments between health authorities and hospitals are endorsed by the working party.

Existing links between clinical pharmacology and pharmacy should be maintained, and developed in the areas of service and training to pharmacists to benefit patients and health care providers, recommends the report.

A core curriculum in clinical pharmacology and therapeutics for undergraduate medical students was recommended. There is a need for more clinical pharmacologists, flexible training programmes, and more formal links between academic departments, physicians and agencies such as the Medicines Control Agency, says the working party.

The working party was set up to advise on the development of clinical pharmacology and therapeutics to meet government and industry needs. It also aimed to review education and training requirements and the provision of expertise for universities, the NHS, and industry, with particular regard to future manpower requirements and career structures.

MDU publish prescribing risk guide

The Medical Defence Union has produced a prescribing 'risk assessment checklist' to help GPs reduce prescribing errors.

Areas covered include controlled drugs, drug addicts, doctor's bag and unlicensed drugs. A questionnaire aims to highlight prescribing risk areas. If results are returned to the MDU, the practice is sent an anonymised graph indicating their score relative to others.

One in four settled clinical negligence claims arise from prescribing issues. Over a recent six year period, the MDU paid out £3.5 million in prescribing related claims.

Prescribing errors occur most commonly with steroids (when prescribing for the skin, eye, and by injection), non steroidal anti-inflammatory drugs, anticoagulants, antibiotics, and opiates, according to the MDU.

Pharmacists say no to free services

South Humber pharmacists have said a collective 'no' to providing additional unpaid services on behalf of a drugs misuse management team.

Local pharmaceutical committee member and Grimsby pharmacist Tim Cottingham sent a note out to colleagues advising that they contact him if the South Humber Consortium asks them to provide any additional free service, such as supervising methadone patients or filling in observation forms for addicts. On Tuesday, Mr Cottingham said the Consortium was aware of the pharmacists' stance.

The problem stems from the Consortium having insufficient funds to provide drug misuse care for young people in the area. Money was allocated on population numbers rather than need.



Nearly 80 pharmacists and counter assistants attended a seminar on blood pressure testing and hypertension, cosponsored by Braun and Chemist & Druggist. From the left C&D editor and seminar chairman Patrick Grice with speakers Dr Stephen Young of the Medical Devices Agency at the DoH, Braun's professional business manager Glyn Jones and Terry Maguire, director of the Northern Ireland Centre for Postgraduate Pharmaceutical Education and Training and president of the Pharmaceutical Society of Northern Ireland. A copy of the seminar proceedings is included in this issue

Pfizer win in Viagra ruling The Government's interim advice to

The Government's interim advice to doctors restricting the prescription of Viagra has been declared unlawful by the High Court.

Mr Justice Collins said the advice, which was issued last September by the Department of Health, unlawfully interfered with a GP's duty to exercise professional judgement on whether patients should receive it. In addition, the health circular setting out the restrictions was in breach of European law.

The ruling in manufacturer Pfizer's favour will be subject to appeal, but could otherwise allow the company to sue the government for trading losses. It is understood that Pfizer is also looking into the validity of the full guidelines on treatments for creetile dysfunction issued earlier this month.

IN BRIEF

England script charges

The cost of dispensed prescriptions written by GPs in England wos £4,085 million in 1997/98. A further £768 million was paid to dispensing contractors in respect of their prescriptions, health minister John Denham hos onnounced.

SPGC against ranitidine switch

The proposed deregulotion of ranitidine "goes too far too fost", soid George Romones, choirmon of the Scottish Pharmaceutical Generol Council. Ranitidine is considered a safe drug in itself, but the BNF suggests thot it con mosk symptoms of gastric cancer. The SPGC standing committee has asked him to point out to the Medicines Control Agency that the proposol is inappropriate.

NPA issues packaging guidance

A National Phormoceutical Association booklet 'Guidonce on Packaging for Manufacturers of Phormaceuticols' advises on design, cleor labelling, expiry dates, colour coding, child sofety containers and patient information leaflets.

Tobacco control framework

World Heolth Assembly plans to develop a Framework Convention on Tobocco Control hove been welcomed by the Government. The FCTC will issue a statement of principles on tobacco control ond a set of broad goals to which oll World Heolth Organisation members will sign up.

Asthma survey results

Almost half of asthma sufferers do not reolise that taking OTC non steroidal anti-inflammatory drugs may make their osthma worse, occording to a telephone survey by GPs.



Stoate tables HRT levy Bill

Labour MP Howard Stoate has tabled a private member's bill to demand that a single charge is paid for hormone replacement therapy.

Dr Stoate, who is co-chairman of the all-party group on primary care, is protesting that some formulations of HRT require multiple prescription charges. His bill, introduced under the ten-minute rule, is likely to be killed off by the Government because of cost.

But Dr Stoate, who will introduce the Bill in early June, is keen to see the single charge for HRT put on the agenda around the time of publication of the public health White Paper. This will set new targets for GPs to deal with osteoporosis problems, including HRT.

Brothers found not guilty

Two proprietors of a pharmacy which supplied a man with the wrong drugs were found not guilty of scrious professional misconduct at Royal Pharmaceutical Society disciplinary hearing last week.

Anil Paul Khanna and his brother, Sunil Paul Khanna, of St George's Terrace, Newcastle-on-Tyne, appeared before the Statutory Committee following the collapse of 60-year-old Sardar Shahid after being supplied with anti-psychotic drug, thioridazine, rather than the antibiotic metronidazole he had been prescribed for gum pain on March 17 last year. The prescription was dispensed at the Khannas' pharmacy at Elswick Road, Newcastle-on-Tyne.

Chairman Gary Flather, QC, ruled that although it seemed probable that the pharmacist on duty, James Scott, had misread the prescription, the Khanna brothers' procedures were not at fault.

Although the prescription had allegedly been stolen, a copy of the doctor's notes were looked at by Mr Scott and the Committee, who all agreed that it was possible that an error in reading the prescription had been made.

Mr Flather added: "We have the notes made by Dr Mehra at the time. We have the impression that the way he has written metronidazole does have a similarity to the word thioridazine. We think that the mistake occurred because it was misread."

The Committee couldn't find any deficiencies with the procedures which the brothers have in place, and therefore could not find that there had been misconduct. Mr Flather added that Mr Scott had made a mistake which anyone could have made.

NPA launches website for consumers

Ask Your Pharmacist

The National Pharmaceutical Association has launched a consumer website.

Entitled 'Ask your pharmacist', the website contains seven separate sections:

- A directory of pharmacies which should contain details of all NPA members by the end of the summer
- About pharmacy general information about pharmacy and pharmacists
- About medicines advice on correct use of medicines

- New this month currently contains hay fever information
- Ask your pharmacist recent advertising campaigns
- Kids page' with 'Brad the Bear', safety messages and colouring pages
- Careers information details of how to become a pharmacist.

People searching the net using the words 'chemist', 'pharmacy' or 'pharmacist' will hit the site.

The website address is: www.askyourpharmacist.co.uk.

Nail file for sore tongue

A pharmacist sold a woman a £3 nail file after she asked for medication for a sore tongue caused by a jagged tooth, the Royal Pharmaceutical Society's Statutory Committee was told last week. Chhajanbhai Dahyabhai Nathubhai Mistry, of South End Road, Hampstead, suggested that the woman should use the file to smooth the tooth.

The woman, referred to as 'Mrs A', told the hearing in London that she went into the House of Mistry Pharmacy in South End Road in April last year complaining of a sore tongue caused by the tooth. She said: "Mr Mistry was dismissive and said that I should use a file to remove the jagged edges on my tooth. He sold me a metal nail file. Travelling home I concluded that it was inappropriate and unprofessional advice."

She claimed her son, who had been receiving treatment for depression for over a year, was on another occasion offered a herbal remedy, St John's Wort, in place of his usual medicine, sulpiride, at the same pharmacy.

'Mr J' told the Committee that he had been receiving several drugs, including sulpiride, on a monthly NHS prescription. In April last year he failed to get a repeat in time and so went to the pharmacy intending to get a small amount of the drug until he got his new prescription.

'Mr J' claimed that he had been to the pharmacy before and believed that he was on the computer records. "He told me that if I continued taking them I would get side effects and suggested that I should try and cut down my prescribed medication and substitute an alternative therapy."

The Committee heard about other instances when the wrong medication was supplied, and another incident where medication was wrongly labelled.

He was also accused of practising without proper registration with respect to the ownership of the pharmacy business, and without professional indemnity insurance.

Mr Mistry claimed that Mr J did not ask for sulpiride. He denied selling Mrs A a nail file for her tooth, and also claimed that he was not aware his insurance had lapsed. He added that as far as he was concerned, there was not any problem with the registration of ownership of the pharmacy.

Mr Mistry said he was not aware of the need to have professional indemnity insurance as well as public liability insurance but admitted making errors in dispensing.

The Committee found that misconduct was proved and issued a reprimand for failing to supply Mr J with sulpiride and supplying Mrs A with a nail file for her tooth, and ruled that Mr Mistry be struck from the Register on the other charges. He had been reprimanded earlier in June 1986.

Townswomen's Guilds support

Townswomen's Guilds have urged the Government to support a Bill calling for doctors to be allowed to prescribe cannabis "for specific medical purposes"

The Guild's national chairperson, Marjory Hall, has written to members of parliament explaining that while TG members are not medical experts, they represent a public view that "cannabis can ease the suffering of patients".

Introduced by Labour MP, Paul Flynn, the Bill was due for its second reading last Friday but due to lack of parliamentary time this has been postponed until June 11.

BPC launch for paediatric formulary

A paediatric formulary is expected to be launched officially at the British Pharmaceutical Conference in September.

Compiled by pharmacists and paediatricians, it will contain about 600 drug monographs and information on therapeutic problems specific to children. The book is being published by the Royal College of Paediatricians but Tony Nunn, director of pharmacy, Alder Hey Children's Hospital, Liverpool, told *C&D* this week there were hopes that the Department of Health would take an interest in its future production and circulation.

"We would like to see copies on the desk of every pharmacy, like the BNE," he said.

Mr Nunn was instrumental in setting up DIAL, the specialist paediatric drug information advisory line launched at Alder Hey 18 months ago (tel: 0151 252 5837). He explained to a meeting of the Medical Journalists Association that the service had arisen because of the lack of information about medicines for children. Many medicines had been researched and licensed only in adults, so children had become 'therapeutic orphans'. Some 70 per cent of inquiries to DIAL were about the use of unlicensed or offlabel (licensed but used outside the licence terms) medicines in children.

Restored to Register

Register

A Tyne & Wear pharmacist, who was struck off over four years ago, was restored to the Register by the Royal Pharmaceutical Society.

George Thompson, of Temple Park Estate, South Shields, was struck off in September 1994, following three allegations of misconduct. This included running a pharmacy in a chaotic state; operating an unsafe system of delivery and supplying a toy for a child in which there was a container of six sex hormone tablets.

Mr Thompson, who had previously appeared twice before the Committee, told the hearing he had attended several courses since being struck off and is currently working as a dispenser. He said he wished to make a fresh start, working in the profession, but not running his own business.

Giving the Committee's decision, Chairman Gary Flather said: "It appears that Mr Thompson has done all that he should. He has gone on an impressive array of courses. He is keeping in touch with pharmacy. He clearly loves pharmacy and wants to get back to it. We are going to grant this application."

Clothier 'loophole' used in third of pharmacy applications

Just over a third of rural pharmacy applications involve using the socalled Clothier 'loophole'. However, half of such applications were unsuccessful or are withdrawn.

A Dispensing Doctor Association survey of local medical committees found that over the past three years, of the 135 reported rural pharmacy applications, 37 per cent of applications in England and Wales used Regulation 4.4. Of these, 43 per cent were opposed successfully, and 13 per cent were withdrawn.

Four LMCs were responsible for successfully opposing 43 of the applications, suggesting "that there is not a clear relationship between the number of dispensing doctors in an LMC and the number of pharmacy applications. However, nine dispensing practices lost all their dispensing as a result of applications, and a further 41 lost some patients from their dispensing list", reports the DDA.

"The small independent pharmacist must fear the dispensing application just as much as we fear their application," the report concludes. Referring to the current negotiations between the medics and the Pharmaceutical Services Negotiating Committee, the DDA says: "The purpose of the negotiations must be to produce stability."

Complying with human rights

Accusations that proposals to restrict the advertising of medicines go against human rights have been rejected in the House of Lords.

Lord Clement-Jones argued earlier this month that the proposals in the Medicines (Advertising and Monitoring of Advertising) Amendment Regulations give the Medicines Control Agency and the Department of Health new powers without any evidence that they are needed. He had been told that an independent panel to review decisions will be in place by July.

"Does the minister accept that whatever the eventual composition of the panel, the regulations will not comply with the Human Rights act?" he asked government front bench spokesman Lord Hunt of Kings Heath.

Lord Hunt replied that during the drafting of the regulations, ministers were assured that the regulations are compatible with the European Convention on Human Rights, and that the regulations, even without the review procedure, would comply fully with the relevant principles of the convention.



You really have to ask if they are interested in pharmacy

I am reassured that my problems and those of my colleagues are only local, and that, overall, there is no manpower problem in community pharmacy (*C&D* May 22, p5). That may be the opinion of the NHS Executive, but I am not an irrelevant statistic.

I am a practising pharmacist who has to pay up to £20 an hour to obtain agency locum cover, while my colleagues are paying in excess of £30,000 a year for managers.

These levels of remuneration cannot be met, even with above average NHS income and, therefore, have to be subsidised by front shop activity. Here, for many, the situation could soon become desperate.

The NHS Executive might claim that the commercial activities of community pharmacists are not its concern, but many independents are facing the twin threat of escalating wages costs and a reducing profit base from their retail sales.

The competition from other retailers and, in particular, out of town superstores has reached the level where many of my traditional lines, like cosmetics and photographic, no longer produce an economic return.

Replacing them with product ranges that generate similar profits is not so simple. Niche marketing is all very well, but when those niches become common territory I am back to square one.

For a number of years, the number of community pharmacies has remained stable and headline bankruptcies are rare events. But is it dead bodies that the NHS Executive wants before it will acknowledge the injustices being meted out every year to community pharmacists?

If that is the case, it is an immoral stance that bodes ill for community pharmacy. At least, though, it is consistent with the Department of Health's inability to recruit a chief pharmacist at a salary of £50-£60,000.

When this post was advertised, I was amazed at the poor salary offered for such a responsible position. Only this week I saw a new graduate training post being advertised at



£25k. Is it any wonder that the Department could find no takers for the position? After a lifetime of dedicated work, and having reached the pinnacle of their profession, the proud holder of the post would be paid just double that of the rawest recruit. Get real!

Poor prospects for conventional community practice

At last, the range of medicines in my local Sainsbury is nearly complete, and a few more of my customers will be spared the inconvenience of a double journey to buy both groceries and cough mixture.

With Warner Lambert's regrettable decision to supply its GSL Benylin products to grocery outlets, one of the last bastions of pharmacy support has fallen to the onward march of the superstore (*C&D* May 22, p10).

Soon the only OTC medicines left under pharmaceutical control will be those marginal entities not safe enough to be sold by GSL, but not dangerous enough to be restricted to Prescription Only.

How many P medicines will be left in a few years remains debatable, but in the mind of the public it could be irrelevant. Pharmaceutical advice is already becoming increasingly divorced from medicine buying, with advice often being requested only after the medicine has been purchased from open displays.

Very soon the only medicines perceived as being available OTC will be those on open display, and the elimination of pharmaceutical supervision will be complete.

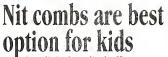
From a marketing viewpoint, the removal of professional restraint will be welcome. With all OTC medicines being displayed on self-selection fixtures, and with the inclusion of a comprehensive patient information leaflet, unrestrained advertising can at last be targeted to achieve maximum sales.

Then the only role for the community pharmacist will be the supply of prescription medicines, prescribing advice to GPs and patient medication management systems.

I am sure that the supply function could be more efficiently achieved through large warehouse dispensaries using technicians and a single supervising pharmacist; efficient prescribing advice will inevitably make the adviser redundant; and medication management will be most efficiently purchased from full-time community-based clinical pharmacists.

What now is the prospect for conventional community pharmacy in the 21st century²

Medical matters



A senior clinical medical officer at one health authority has written a letter to the *British Medical Journal* advocating the use of wet combing over insecticide lotions in school children.

Gill Lewendon of South and West Devon Health Authority questions whether there is any point in repeatedly treating children with insecticide lotions when head lice is not a major health hazard. "The children may be cleared of head lice by insecticide one day, only for them to be re-infected on their return to school the next day. Extensive and expensive campaigns in the past, with entire communities being treated with insecticide lotion, have shown that re-infection from outside sources occurs quickly."

Correct and repeated wet combing on the other hand removes the lice which averages 8-10 adult lice per child - physically without the need for chemicals. Dr Lewendon suggests that a plastic nit comb, an educational video and support from a healthcare professional could help parents take control of their children's head lice.

Action plan to cut cancer death rate

The Government has drawn up a 10year action plan that aims to cut cancer deaths in the under-75s by a fifth.

The new target, to be included in the forthcoming *Our Healtbier Nation* White Paper, will see a saving of 60,000 lives. An extra £21 billion will be pumped into the NHS over the next three years to meet increased spending on cancer drugs and to pay for an extra 400 cancer specialists and up to 15,000 extra nurses.

The Downing Street summit, which was attended by the Prime Minister, the Health Secretary, cancer charities, patients and researchers, examined all aspects of cancer services. The action plan resulting included:

- a new Cancer Action Team to work with the NHS to raise standards of cancer care in hospitals
- a national survey of experiences of cancer patients later this year

• new standards for treating individual types of cancer - guidelines on gynaecological and stomach cancers are expected this year

 NHS on-line information for patients with links to specialist cancer organisations

Health Secretary Frank Dobson said the Government was determined to reduce the impact of cancer on people's lives: "Too many people die prematurely from cancer in this country, especially among the more deprived in our society."

Each year around a quarter of a million cases of cancer are diagnosed and around 156,000 people die as a consequence. One in three of the population will get cancer and one in four will die from it.

Lung, breast, colorectal and prostate cancers in total account for nearly half of all cancer deaths.



SCRIPT SPECIALS

Cetrotide launched for IVF

Medico ond Serona Loborotories have launched Cetratide far use in-vitro fertilisatian. Cetratide is soid to be the first LHRHontogonist to be approved for the preventian af premoture LH surges. The treotment fits the noturol menstrual cycle and harmanol monipulotian is therefore reduced campared to standard therapies. Cetrotide 0.25mg hos o bosic NHS price at £33.30 for a single vial (£194.29 far seven) and £194.29 for o single viol of Cetrotide 3mg.

ASTA Medica Ltd. Tel: 01223 423434.

Medihaler-Ergotamine ends

3M Heolth Care is discantinuing praduction of Mediholer-Ergotomine when current stacks expire, which is anticipoted to be in the middle or end of June. The current licence is still valid and prescription for the product should be filled os normal in the meantime.

3M Health Care Ltd. Tel: 01509 611611.

Haelan and Fenopron supplier

Fram June 1, all Haelan ond Fenopron products will be distributed in-house by Typhorm. The previous supplier was Distriphar.

Typharm Ltd. Tel: 01202 734100.

New look Prozac

Prazoc pocks are being updoted with new arange ond yellaw livery ond eosy to follow patient infarmatian leaflets. The 20mg copsule packs will be changed first with the 60mg copsule pocks and liquid variant pocks following suit soon.

Eli Lilly & Co Ltd. Tel: 01256 315000.

Tramadol black triangle lifted

The Medicines Control Agency has lifted the black triongle status off all tromodal hydrachloride presentations and special reparting requirements no longer opply.

New formulation Deltacortil

A new farmulation of Deltacartil hos been introduced which meons the tablets ore now film-cooted rother than sugar-caoted and ore slightly smoller and less raunded than the aid toblets. The new cooting olsa makes the toblets o duller colaur. Pfizer Ltd. Tel: 01304 616161.

Vitamin B6 shows some benefits in PMS

Vitamin B6 at ten times the recommended daily dose is likely to improve premenstrual symptoms and associated depression, says a study in the *British Medical Journal*.

In a systematic review of nine published trials, representing 940 women with premenstrual syndrome, North Staffordshire researchers found vita-

min B6 to be significantly better than placebo at relieving premenstrual symptoms and associated depression. The results suggested that daily doses of 100mg (and possibly 50mg) are most likely to be beneficial, but there was no rationale for doses above that. However, the poor data meant they could not draw definitive conclusions.

Only one patient experienced side effects that could be attributed to neuropathy caused by pyridoxine toxicity. However, this could be because of poor monitoring or because low doses were generally used. Again no conclusive evidence was uncovered. The researchers wanted to see a strong, randomised, controlled trial.

HEA to target the smoking partners of pregnant women this summer

Partners of pregnant women will be the target of this summer's smoking in pregnancy campaign run by the Health Education Authority.

Only 6 per cent of men who smoke quit when their partners become pregnant, reveals a new survey released at the launch of the campaign. The women questioned also said that less than a third of their partners changed their smoking habits, and of the few that did, they were more likely to cut down on cigarettes or smoke away from them rather than give up.

When it came to the pregnant

women themselves, almost two-thirds of them said their partners had suggested they give up but only a quarter of them were receptive to their comments.

More than one in four women continue to light up during pregnancy. The rates are even higher - 45 per cent - in young pregnant women in manual and unemployed households according to 1997 figures.

World No-Tobacco Day, run by the World Health Organization, is on May 31. Tobacco control was one of the issues debated at the annual WHO assembly (May 17-25) in Geneva.

Mobile phones linked to brain tumours

Studies linking mobile phones to brain tumours were highlighted in a BBC Panorama report last Monday.

In one Swedish study, mobile phone use was associated with a two and a half times increased risk of developing brain tumours. The dangers to children and young adults was particularly significant.

Although the studies are not conclusive, the authors in the meantime are advising people to spend less time on the phones and to use ear piece accessories rather than holding the phone to their ears.

In all classes of compression...

...we'll help you take the heave-ho out of hosiery

Whether you're preventing venous leg ulcers or varicose veins in pregnancy.* Scholl Softgrip stockings are Britain's No.1 compression hosiery choice.

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our help as well as our hosiery - all designed to make the Softgrip experience less effort and more effective.

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For information ring Medical Marketing on 01565 624 157 or Email med-marketing@seton-scholl.com

*Class I is recommended for the treatment of mild varicose veins including these occuring during pregnancy whilst Classes II and III are



Counterpoints



POM to P switch for Fybogel Mebeverine

Reckitt & Colman expects to grow the irritable bowel syndrome market with the OTC launch of Fybogel Mebeverine.

Previously only available on prescription, Fybogel Mebeverine is a P product formulated with two active ingredients to treat the main symptoms of IBS.

Each sachet contains 3.5g of ispaghula husk to normalise bowel movement and 135mg mebeverine hydrochloride to relieve abdominal pain and cramping, in a sugar- and gluten-free orange flavoured base.

The contents of the sachet are mixed with cold water and taken half an hour before breakfast and again before the evening meal. A third sachet may also be taken before the midday meal if necessary.

Speaking at the launch of the product Richard Simkin, GI Category manager at Reckitt & Colman, said: "Fybogel Mebeverine represents an



advance in the OTC treatment of IBS by combining two of the logical firstline therapies to relieve abdominal pain and normalise bowel function."

Fybogel Mebeverine is available in boxes of ten sachets retailing at £4.95.

Reckitt & Colman Products Ltd. Tel: 01482326151.

Bright outlook for hay fever sufferers

Johnson & Johnson.MSD is supporting its Livostin Direct hay fever treatment with a £1.5 million TV and radio campaign.

On screen from May 31, the national TV advertising echoes weather bulletins and incorporates the Livostin Direct pollen weather chart.

The adverts play on jargon used by weather forecasters to report pollen levels and their effect on hay fever sufferers A campaign on Capital Radio and XFM mirrors the theme. Johnson & Johnson.MSD Consumer Pharmaceuticals. Tel: 01494 450778.

New food supplement targets cellulite

Pharmavita is launching a new natural food supplement into the growing UK anti-cellulite product market.

Manufactured in New Zealand, Cell-



U-Thin Plus is designed to 'target cellulite and maintain veins'. It is claimed to correct the breakdown of the connective tissue responsible for cellulite.

The product contains extracts of the herb gotu kola to help strengthen the connective tissue and combat fluid retention.

It also includes six other plant extracts chosen for their circulatory, diuretic and anti-oxidant properties.

Retail price is £24.95 for a box of 60 tablets.

Pharmavita Ltd. Tel: 0171 223 1665.

Novartis wipes up with Savlon launch

Novartis Consumer Health is extending its Savlon range with the launch of antiseptic wipes designed to cleanse the skin hygienically and to help protect against germs. Each tissue is impregnated with water, cetrimonium bromide and chlorhexidine.

The product is convenient and easy to use on holiday, in the car, at work or at school. The wipes are individually sealed in sachets, with ten sachets packaged in a box (rsp £1.99).

The launch will be supported by advertising and trade marketing campaigns. The cleansing wipes market is estimated to be worth over £1 million per annum.

Novartis Consumer Health.

Tel: 01403 218111.



New liquid assets for Healthilife

Healthilife is launching three new liquid supplements for people who do not like, or are unable to swallow, capsules and tablets.

Vitamin C 60mg liquid is formulated to help maintain a healthy immune system and to increase resistance to infection. The liquid has a forest fruits flavour and is suitable for vegetarians and children. It comes in a 200ml bottle (rsp £2.99), providing 100 per cent RDA per 10ml serving.

Evening Primrose Oil Liquid is rich in gamma linolenic acid to help maintain a healthy hormone balance. It is lemon flavoured and comes in a 200ml bottle (rsp &3.99), each 10ml

serving provides 1,500mg, of which 120mg is GLA.

Calcium and Vitamin D Liquid is formulated to help older people fight against bone thinning.

Peppermint flavoured, it contains vitamin D to aid the absorption of calcium, plus zinc and magnesium to help nerve impulses and muscular functions including the heart. Retail price is £3.49 for 200ml.All three liquids are sugar-, gluten- and yeast-free.

Healthilife is also extending its Vitamin C range with a slow release Vitamin C 500mg

Healthilife Ltd. Tel: 01274 595021

All going on a summer holiday



Seton Scholl Healthcare is supporting Remegel, Seal & Heal, Diocalm, Wasp-Eze, Burneze and Sea-Legs in a multi-brand summer promotion.

An eye-catching 'Be prepared this summer' counter unit has been designed to display the products together.

The brands have been chosen to complement each other, helping pharmacy staff to secure maximum sales from customers preparing to go on holiday.

The unit incorporates a holder for an illustrated leaflet that offers customers useful holiday advice. Seton Scholl Healthcare plc. Tel: 0161 654 3000.



Because Movelat Relief is the only
OTC topical NSAID that contains MPS
(mucopolysaccharide polysulphate)
and salicylic acid.

This unique combination has a mode of action that allows Movelat Relief to penetrate to the point of pain.

Movelat Relief provides your customers with effective relief from the pain of mild arthritis,

rheumatism and muscular pain, together with an ideal profit making opportunity for you.

profit making opportunity for you.

topical NSAID

No wonder this unique is the most prescribed

Movelat® Relief contains mucopolysaccharide polysulphate (MPS) and salicylic acid Ph. Eur.

ABBREVIATED PRODUCT INFORMATION: Presentation: Movelat/Movelat Relief Cream contains mucopolysaccharide polysulphate (MPS) 0.2% w/w and salicylic acid Ph. Eur. 2.0% w/w in a white cream base. Movelat/ Movelat Relief Gel contains the same active constituents in a colourless gel base. Indications: Movelat /Movelat Relief is a mild to moderate anti-inflammatory and analgesic topical preparation for the symptomatic relief of muscular pain and stiffness, sprains and strains, and pain due to rheumatic and non-serious arthritic conditions. Dosage: Adults, the elderly and children over 12 years: Movelat/Movelat Relief Gel: Two to six inches (5-15cm) to be massaged into the affected area up to four times daily. Movelat Relief Gel: Two to six inches (5-15cm) to be applied to the affected area up to four times daily. Contra-indications: Not to be used in children under 12 years of age. Not to be used in susceptible asthmatic patients in whom salicylates can induce

Contra-indications: Not to be used in children under 12 years of age. Not to be used in susceptible asthmatic patients in whom salicylates can induce bronchial reactions. Not to be used on large areas of skin, broken or sensitive skin or on muccous membranes. Precautions: For external use only. Not to be used during the first trimester or during late pregnancy. Side-effects: Allergic skin reactions may occur in individuals sensitive to salicylates. Legal Category: P Pack Details: Movelat/Movelat Relief Cream (PL 8265/0008), Movelat/Movelat Relief Gel (PL 8265/0009):

Trade Price: £3.99 per 80g tube, £2.51 per 40g tube. Retail Price: £6.99 per 80g tube, £4.40 per 40g tube. Full product information is available on request from the Product licence Holder: Sankyo Pharma UK Limited, Repton Place, Amersham Preparation: January 1999.

MRF9901T



SANKYO PHARMA
UK Limited



Germany proves that men will strip off grime

Smith & Nephew is introducing three new cleansing products in its Nivea for Men range.

New Nivea for Men Clear Pore Strips are designed for instant removal of blackheads on the nose, chin and forehead.

When activated with water, the strips bond tightly with excess dirt and impurities that clog pores. After ten minutes, the strip can be peeled off taking away all the grime quickly and hygienically.

The skin is left looking visibly clearer and, with regular use, the product can help prevent skin impurities and blackheads from reappearing. Retail price is £5.95 for a pack of six.

Since this product was introduced in Germany earlier this year, it has accounted for 26 per cent of the brand's sales volume there.

Exfoliating Face Scrub and Double Action Face Wash are also new in the Nivea for Men range. The face scrub (rsp £3.99 for 75ml) is a skin reviver which gently 'scrubs' away dirt, dry rough skin and blackheads. The face wash (rsp £4.49 for 150ml) is a soapfree foaming face cleanser containing skin conditioners and vitamins.

Nivea for Men Clear Pore Strips will be supported by a press campaign which is part of a £2.5 million support package for the brand this year. Six million samples will also be distributed via a targeted programme. **Smith & Nephew Consumer** Products Ltd.

Tel: 0121 327 4750.

Innovation at Remington UK

Innovation is the common theme for two new product launches by Remington.

The new Remington Microscreen Intercept 'Washable' Shaver can be washed under the tap.A specially designed safety powerplug allows the product to be safely operated directly from the mains or cordless.

Three of the four models in the range are mains/rechargeable and have a one hour full charge which provides 45 mins of cordless shaving. A bright yellow, rechargeable-only sports model has an eight hour full charge that also provides 45 mins of shaving time.

All four models feature the dual Microscreen foil with central intercept cutter for a closer shave. The opposite moving cutters provide less vibration for a more comfortable shave and a 15 degree descending shaving angle on the shaver helps reach awkward areas.

The Microscreen Intercept Washable range will be available in the autumn with retail prices ranging from £44.99 to £64.99.

With its second product launch, Remington believes its new hairdryer, the Vortex Jet Speed Dryer, will revolutionise the market.

A unique lift and dry airflow action ensures the hair is dried quicker as a greater surface area is exposed to the hot air. Conventional

dryers blow air straight at the scalp, flattening and tangling the hair. The angle of the Vortex turbo iets concentrates the airflow to a point allowing greater spot styling

The Remington Vortex Jet Speed Dryer retails at £24.99. Remington UK. Tel: 01784 411411.

First Choice



A Chemist & Druggist Promotion

Fresh wipes

Vernon Carus has launched a new addition to its Cool 'n Fresh range of wet wipes. Cool'n Fresh Multi-Purpose Wet Wipes are hygienic, lemon fragranced wipes made from a soft non-woven fabric.

The multi-purpose wipes are available in a resealable travel pack of 20 wipes (£0,48) and a canister containing 70 wipes (£0.46).

The travel packs sit in a convenient display tray of 12. Vernon-Carus Ltd.

Tel: 01772 627855.

Win a Mediterranean cruise worth over £2,000

Chemist & Druggist is affering three ane-week cruises fram First Chaice far two adults and two children (under

This simple-ta-enter campetitian is linked to Practer & Gamble's travel pramatian, running through pharmacies in May and June (C&D March 13, p16)

All you have to do is submit a photo showing the windaw ar in-stare display yau have created using yaur imaginatian and the material supplied by P&G ta suppart

the pramatian. The display must remain in place far at least two weeks (this may be verified by P&G's pharmacy sales team).

Yaur phata(s), plus yaur name and address (please print clearly, ar use shap stationery), shauld be sent to C&D Haliday Pramatian, Chemist & Druggist, Miller Freeman Hause, Savereign Way, Tanbridge, Kent TN9 1RW. Clasing date far entries is May 28. Yau cauld win ..

The best three entries (as determined by aur judging panel) will win a week's cruise fram Majarca far twa adults and twa children (under 12). Winners can chaase fram three types af cruise:

- Sun Cities visiting Rame, Pisa, Flarence, Carsica, the French Riviera and Barcelana
 - Five Islands visiting Malta, Sicily, Naples, Sardinia and Menarca
 - Maarish Mysteries visiting Granada, Seville, Gibraltar, Carteaena.

Winners will fly fram a canvenient UK airpart ta Palma, Majarca. All meals (nat drinks) are included. Halidays must be backed befare Octaber 31, 1999, and taken befare Octaber 31, 2000.

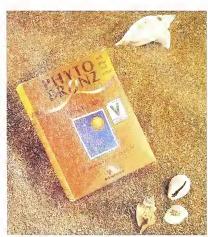
Far further details af First Chaice cruises visit your lacal travel agent.

Rules: 1.The competition is open to GeD community pharmacy subscribers only. 2. Only one entry per subscriber will be accepted. 3 The competition is not open to employees of Procter & Gamble, First Choice or Miller Freeman, their agencies or relatives. 4 Entries received after May 28 will not be eligible 5 The judges' decision is final and no correspondence will be entered into 6.C&D reserves the right to use any submission for future publicity. 7 The names of the three winners will be available from C&D two weeks after the closing date of the competition 8 No cash alternatives will be offered. Cruises offered are subject to availability based on four people sharing a standard/superior inside cabin.

9 Entry to the competition is taken as acceptance of the rules 10. Proof of posting cannot be taken as proof of receipt. 11 Holiday travel insur-

Sun is a sensitive issue for Phytobronz

Arkopharma's Phytobronz suncare supplement capsules are now available for sensitive skin.



Phytobronz Sensitive Skin contains grape seed extract to help protect against UV rays as well as anti-

oxidants betacarotene (natural vegetable source of vitamin A) and vitamin E to protect the skin against free radicals that activate the ageing

The capsules also include vitamin A to help prevent the skin from allergies and

Suitable for vegetarians, the product retails at £8.35 for 45 capsules. One capsule should be taken twice daily with water for 15 days before and during sun exposure. Arkopharma UK. Tel: 0181 763 1414.





Date of preparation: December 1998 UCB-Z-99-05 G INTERACTIONS: To date there are no known interactions with other drugs. As with



IN BRIEF

Benylin changes

The Benylin lines which are affected by a change in distribution arrangements are Benylin Adult Chesty Non-Drowsy and Benylin Children's Chesty, not Children's Cough and Cold, as stated last week (p10).

Warner Lamberi Consumer Healthcare.

Tel: 01703 64140.

Testing time

Kent Pharmaceuticals is relaunching its Early Bird Professional pregnancy test (20 test pack, £38.50).

Kent Pharmaceuticals Ltd. Tel: 0800 220280.

Sun awareness week

Laboratoires Garnier is supporting Marie Curie Cancer Care during Sun Awareness Week (May 31 - June 6) by giving 50p to the charity for every Ambre Solaire protection product sold in the UK during the week.

Laboratoires Garnier. Tel: 0171 937 5454.

Small talk

Beiersdorf is introducing its Eucerin Dry Skin 3 per cent Urea Lotion in a smaller 150ml size (rsp £4.99). Beiersdorf UK Ltd. Tel: 01908 211333.

Walter the rhino adds weight to Rhinolast sales

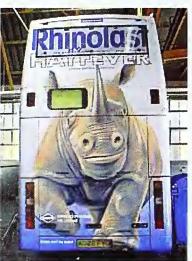
Sankyo Pharma UK is supporting its Rhinolast Hayfever anti-histamine nasal spray with a £1 million promotional package this summer.

Walter the white rhino will be splashed across the back of buses in a 'mega rear' campaign covering central London routes until August 15.

The rhino will also make his debut in a regional radio campaign, which will be aired on ten radio stations for five weeks from May 31.

The radio commercials will focus on a confused hay fever sufferer who mistakenly believes that the pharmacist is offering him a rhinoceros to take home to relieve his symptoms.

The support package also includes TV advertising, eye catching



PoS items and educational materials for pharmacists and consumers. Sankyo Pharma UK Ltd. Tel: 0800 0687616.

Star appeal for Caltrate Plus

Whitehall Laboratories is supporting its Caltrate Plus bone mineral supplement with press advertising

and a regional TV campaign during June which is National Osteoporosis month.

Press advertising, featuring TV celebrity Carol Vorderman (right), will appear in women's magazines and the Daily Mail. The campaign aims to

educate consumers about bone health and features a tear-off strip to send off for further information about Caltrate Plus which is targeted at women aged

To reinforce the bone health message, a three-week TV campaign will run from June 1 on Carlton and London Weekend Television.

PoS material featuring life-size window displays of Carol Vorderman is available for independents. Whitehall Laboratories Ltd. Tel: 01628 669011.

AAH Pharmaceuticals celebrates its new babycare arrivals

AAH Pharmaceuticals is launching a revamped range of own-label babycare products to provide Vantage members with an added opportunity

in the baby toiletries market. The dermatologically-tested range

includes shampoo, baby bath, bath oil, baby lotion and baby wipes. As an introductory offer, Vantage

members can purchase a starter package containing the full range and receive a 20 per cent discount.

To promote the range in-store, customers will score points for each product purchased. With every ten

points collected, customers will receive a free packet of 80 baby wipes and can enter a prize draw to win £100 worth of Premium Bonds.

The launch will be supported with PoS material and stamp collection cards for customers, and the range will be included in a Vantage Refresh customer coupon drop in July. AAH Pharmaceuticals Ltd. Tel: 01203 432000.

Eco friendly nappy system

Nucare Consumer Health has been appointed to distribute a new Australian nappy system to pharmacies in the UK.

The Weeness Nappy System involves using disposable nappy pads with breathable waterproof pants. It is designed as an environmentally friendly alternative to plastic

disposables as the pads can be composted or flushed away.

PoS materials include posters, advice leaflets and shelf barkers. A starter package offers retailers three free pairs of deluxe pants (rsp £7.99).

Nucare Consumer Health. Tel: 0181 515 9800.

Cow & Gate tempts babes with new tastes

Cow & Gate will introduce six new recipes in its jar range of babyfoods on June 1.

New on the menu for babies from four months are Sunday Lunch (a chicken recipe), Vegetable and Apple Casserole, Banana Rice Pudding and

Egg Custard (rsp £0.46, 140g).

For babies from seven months, new recipes in the larger 185g jars (rsp £0.53) are Vegetable and Chicken, and Vegetable and Pork.

Cow & Gate Ltd. Tel: 01225 768381.



ON TV NEXT WEEK

Arrid XX: All areas except U, CTV

Benodryl Allergy Relief: All areas

Caltrate Plus: C. LWT

Clarityn Allergy: C4, C5, GMTV, Sat

Deep Relief: C4, C5

Imodium Plus: All areas

Kwai Garlic: G, Y, HTV, M, TT

Listerine antiseptic mouthwash: All areas

Livostin Direct: B, G, Y, C, A, HTV, W, M, LWT, TT

Pearl Drops toothpolish: C4, C5, Sat

Protector 3D: G, Y, C, A, M, LWT, TT, C4, Sat

Rhinolast Hayfever: C4, C5, Sat

Vitalegs Herbal Gel: B, G

Zi: C4, Sat

Zirtek: GMTV

A Anglia, B Border, C Central, C4 Channel 4, C5 Channel 5, CAR Carlton, CTV Channel Islands, G Granada, GMTV Breakfast Television, GTV Grampian, HTV Wales & West, LWT London Weekend, M Meridian, Sat Satellite, STV Scotland (central), TT Tyne Tees, U Ulster, W Westcountry, Y Yorkshire

Can once be enough to cool and clear thrush fast?



£7-49

With new Canesten it can.

Now Once is enough to cool and clear thrush fast without interactions. Millions of women already use clotrimazole cream to relieve thrush symptoms, so the soothing Once formulation makes it the ideal recommendation for those who'd prefer a single-dose, non-systemic cream treatment. In trials, 79% of first time Once users said they'd definitely use it again. It has never been easier to recommend Canesten.

Product Information. Canesten* Once contains clotrimazole 10%. Indications: Treatment of candidal vaginitis. Dosage and Administration Adults: Insert the contents of the filled applicator (5g) intravaginally Children: Paediatric usage is not recommended. Contra-indications: Hypersensitivity to clotrimazole Warnings and Precautions: A physician should be consulted if this is the first time the patient has experienced symptoms of candidal vaginitis or if any of the following are applicable, more than two infections of candidal vaginitis in the last six months; previous history of or exposure to partner with a sexually transmitted disease, pregnancy or suspected pregnancy, aged under 16 or over 60 years; known hypersensitivity to imidazoles or other vaginal anti-fungal products. Medical advice should be sought if the patient has any of the following symptoms: irregular vaginal bleeding, abnormal vaginal bleeding or a blood-stained discharge, vulval or vaginal uclers, blisters or sores, lower abdominal pain or dysuria; any adverse events such as redness, irritation or swelling associated with the treatment; fever or chills; nausea or vomiting; diarrhoea, foul smelling vaginal discharge If no improvement in symptoms is seen after seven days, the patient should consult their doctor Side-effects: Barely, local mild burning or irritation immediately after use. Hypersensitivity reactions may occur. Use in Pregnancy: Only when considered necessary by a physician. Extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. Cost: £4.27 MA Number: PL 0010/0136. MA Holder: Bayer plc, Consumer Care Ovision, Newbury, Berkshire, R614.1JA. Legal Category P. Date of Preparation: February 1999.

1. Data on file.

Let the good times roll

Despite the patient pack fiasco rumbling on, the outlook for the generics industry is rosy. Steve Bremer reports

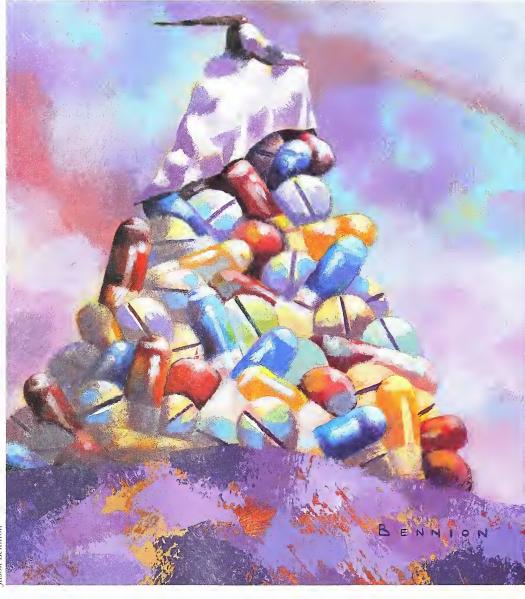
he Government wants 72 per cent of prescriptions to be written generically by April 2002. This, coupled with the fact that 22 of the world's leading drugs are due to come off patent in the next three years (sec table 1), means that generic medicines will take an even larger slice of NHS drugs usage.

Generic prescribing has already increased by 50 per cent over the past ten years to account for almost two thirds of prescriptions. British Generic Manufacturers' Association members supply product for about half of the prescriptions dispensed in the UK, at a cost of £500 million. The other half of prescriptions costs the NHS almost £5 billion.

A hindrance to the industry's progress has been the EU directive, which came into effect on January 1, and states that all medicines must be dispensed in patient packs. Most major generic manufacturers expect to have the majority of their products in patient packs by the end of the year, but companies are currently at different stages with the initiative.

Patient packs are the "only way requirements can be met for Good Manufacturing Practice while avoiding scope for errors", according to Warwick Smith, director of the BGMA. They are also the cheapest, least labour intensive method for meeting Medicines Control Agency requirements. The MCA is "almost certain" to enforce the EU directive at some point.

The confusion around leaflet and label legislation has been caused by a "deafening silence" from the Department of Health on the subject, according to John Beighton, sales and



marketing director, APS Berk. The consultation document, MLX247, which Mr Beighton describes as "absolute nonsense going right against Good Manufacturing Practice", was responded to by all interested parties and a statement from the Government was expected before January.

Richard Featherstone, marketing manager of Norton Healthcare, says that his company has been pushing for guidance from the DoH. But it is still "not very clear what they expect". Norton is "ahead of the game" and claims that, by using the company's condensed information leaflets and computer diskettes (see C&D March 27, p6), "any pharmacist is

able to dispense Norton products and be compliant with EU legislation".

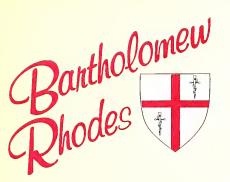
Norton now has 93 per cent of its products in patient packs, and the entire range of over 350 products will be patient packed by the end of the year. Condensed information leaflets and computer diskettes are available for the remaining 7 per cent of its range. The industry, claims Mr Featherstone, is changing from one focused purely on price towards a greater focus on patient benefits through packing and leaflet initiatives.

Andrew Collier, director of sales and marketing at Cox Pharmaceuticals, says the EU directive has required a "huge investment".A three storey packing extension and blistering facilities have pushed the company's expenditure on the initiative to £10 million. It has involved "years of work" and the company dedicating a number of full-time staff to the task.

Supply problems

The change to patient packs has caused significant supply problems where stocks of bulk packs have run low before patient packs are available. Peter Blundell, ethical category manager at AAH Pharmaceuticals, describes the situation as "problematical".

Continued on P18 →





Isotard 25XL and 50XL Capsules (28's)

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Available from all leading wholesalers.

Generics

→Continued from P16

"New packs are being added to generic manufacturers' lists daily and as wholesalers we are receiving requests for new listings - in some instances, months before the stock is available. Manufacturers are running down bulk packs leading to out of stock issues, and in some cases the bulk packs have to be reinstated if the patient pack is not available or due to hospital demands."

But, he adds, many generic companies are rationalising and discontinuing lines, so supplies are beginning to be consolidated.

Tony Foreman, managing director of OTC Direct, the shortline wholesaler, also believes current supply problems are due to the patient pack initiative. This has led to increased demand for the new packs from pharmacists. It has also coincided with "a number of sharp price increases", he says.

"Prices have hardened on the back of limited stock," agrees Mr Collier. Generic prices are rising, both directly and indirectly as a result of patient packs, and due to shortages resulting from the shutdown of Regent Laboratories (see C&D January 2, p4). Currently, demand for generics is outstripping supply, claims Mr Collier.

Tariff amendments

A rash of product recalls recently has had knock-on effects throughout the supply chain, with manufacturers' lean production operations exacerbating problems. This may have

Table 1: patent expiry dates

BRAND NAME	WORLDWIDE SALES 1997	FIRST PATENT EXPIRY
DRAIND NAME	S IN MILLIONS	DATE WORLDWIDE
	\$ IN WILLIONS	DATE WORLDWIDE
Losec (omeprozole)	2,815.8	2001
Prozac (fluoxetine)	2,559.0	2001
Vasotec (enocapril)	2,510.0	2000
Prilosec (omeprozole)	2,240.0	2001
Pepcid (famotidine)	1,180.0	2000
Mevacor (covostotin)	1,100.0	2001
Zestril (lisinopril)	1,035.0	2001
Rocephin (ceftrioxone)	1,011.4	2000
Humulin (insulin)	936.0	2000
Procardia (nifedipine)	822.0	2000
Hytrin (terozosin)	620.0	2000
Prinvil (lisinopril)	585.0	2001
Glucophage (metformin)	579.0	2000
Beclovent (beclomethosone	542.8	1999
dipropionote)		
Sporanox (itraconozole)	537.0	2000
Accutone (isotretinoin)	451.3	2000
BuSpor (buspirone)	443.0	2000
Versed (midozolom hcl)	431.3	1999
Fortaz (ceftozidime)	426.4	1999/2000
Ambien (zolpidem tartrate)	396.0	2001
Omnipoque (iohexol)	393.0	1999
Accupril (quinopril hcl)	378.0	2002

Table 1. Worldwide best selling branded drugs which are due to come off patent within the next three years.

intensified stock shortages and price increases.

This limited supply has put the industry in an unusually powerful position. Patient packs have indirectly given the industry the power to control the market if it wishes, claims Martin Biggs Associates, healthcare consultants.

The Government carefully monitors movements in pharmaceutical prices and, on the whole, generic prices are kept in check by the effects of competition and the reimbursement system for NHS community pharmacists. But health minister, John Denham, intends to examine increases in prices of generic drugs since January 1. He believes the price increases are a reflection of supply problems, but wants to identify any other factors at work.

Theoretically, stock shortages could become worse at the end of the year with pharmacists and patients stocking up in preparation for the long millennium holiday, claims Mr Collier. The industry is almost running at maximum productivity and he warns that it will be difficult to step up production. It is possible that manufacturers may ration their stock, and Mr Collier urges pharmacists to order "prudently"

A lot of work needs to be done by manufacturers to avoid supply problems around the holiday, claims Mr Foreman. Although discussions have begun about possible problems, "it's for manufacturers to take the lead", he says.

Pharmacists are caught in the crossfire between generic companies and the DoH. Inclusion of patient packs into Category D of the Drug Tariff is "painfully slow" and causing pharmacists to lose money, according to Sarah Sipple, category controller, professional services at Numark.

Patient pack prices are not comparable on a pro-rata basis to those of bulk packs, so to reimburse pharmacists based on bulk packs is "unjust". Patient packs should enter the Drug Tariff as soon as they become available, ensuring pharmacists are reimbursed correctly and fairly.

"Yet again pharmacists are encouraged to implement changes which bring benefits to patients and reduce health expenditure, but lose money in doing so," says Ms Sipple.

Until bulk generics are no longer available,"the only way to market generic patient packs is to persuade community pharmacists that the higher cost can be offset by a reduction in dispensing cost", according to Martin Biggs Associates, healthcare consultants.

Patent advantage

EU patent law means that companies cannot start developing generic equivalents before a drug's patent has expired. This has led to major generic manufacturers sourcing new products from outside the EU, or using their own research and development sites outside the Union.

If development takes place outside the EU, it can begin immediately and the generic can be available on day one after patent expiry. This is known as the 'Bolar Provision'. If R&D takes place outside the EU, it is often more practical to also carry out the initial production at the same site.

Because generics are not included in the Pharmaceutical Price Regulation Scheme, there is no automatic mechanism for ensuring R&D within the industry. The patent law anomaly is driving R&D and production outside the EU claims Warwick Smith. This reduces the size of the generics market and the level of competition. Any company which does not source from, or develop its own products, outside the EU is therefore at a disadvantage

Mr Smith compares the UK situation to that in the US to prove his point. Drugs in the US have a 14 year patent life compared to 15 here. In the US it is legal to develop generics while the brand is still patent protected and there is mandatory generic substitution. R&D is increasing in the US, while it is falling here. It follows that generic competition leads to increased R&D, claims Mr Smith.

The Association of the British Pharmaceutical Industry is also concerned about the Bolar Provision, which "eats into patent time". It has made representations to the World Trade Organisation about the situation.

Source: Med Ad News, May 1998

Table 2: Generic estimates Overall

	Soles £ million*	Growth of constant prices** (1998)
1994	333	12
1995	354	11
1996	423	20
1997	514	26
1998	562	14

Table 2. Market size and growth rate

* Calculated from "unbranded" sales at Drug Tariff prices. Unbranded includes all BGMA members plus any generic for which a manufacturer cannot be iden-

** Volume for all the years shown multiplied by December 1998 prices for those packs. This is done to remove the effect of price decreases over the period to calculate usage/growth more accurately

The £91 million growth in 1997 was due to the advent of generic ranifidine in the main, but also contributions from gliclazide, beclomethasone and salbutamol. Ranitidine's effect can still be seen in 1998 although, because of the increased market size, growth rate appears lower.

Source: IMS Health, British Pharmaceutical Index

Continued on P20→



Norton Healthcare has spent the past **five years** preparing for the introduction of the European Directive on patient packs. That is why we are in a position today to supply you with all the information you need **to meet your patient pack obligations**.

A huge Norton Healthcare patient pack **investment programme** has resulted in distinctive new packaging, blister packs, plain english leaflets and braille on cartons.

Many of Norton's product range of **over 350 products are already available** in patient packs and approved label and leaflet text is available for the remainder. So, when your customers demand the relevant product information, you can supply it.

NORTON Healthcare

Patient pack providers

Call us on 0800 697311 to discover the best way to order your Norton Patient Pack."

→Continued from P18

The rush to produce generics as soon as possible is highlighted by the current court cases between Astra and the German generic companies, Azupharma and Ratiopharm GmbH. Azupharma and Ratiopharm have produced generic omeprazole, which Astra claims infringes its formulation patent and Supplementary Protection Certificate (SPC) for the substance patent. A decision on the legality of omeprazole's SPC by the German Supreme Court is pending.

Omeprazole's substance patent expires this year in some countries, but in most countries Astra has been granted Patent Term Extensions or SPCs. This extended coverage expires in most European countries between 2002 and 2004. Patents relating to formulation, uses, intermediates and processes expire in most markets between 2005 and 2016.

Products are out-sourced for practical and commercial reasons, as well as a way round the patent law. Some companies only manufacture 40 per cent of their range in house. For example, APS Berk now uses the manufacturing facilities of its parent company TEVA in Hungary. This has been coupled with an upgrading of packaging and Quality Assurance facilities in Eastbourne.

Branded equivalents

When a popular brand's patent expires it may be offered to large pharmacy multiples at a price that enables pharmacists to supply the brand against generic prescriptions. This sort of deal is known as 'brand equalisation', and is becoming more widespread.

This is obviously not a move welcomed by the generics industry as it reduces the size of its market. It is also against the interests of the NHS, claims Mr Smith. If branded companies lower the price of their off-patent medicines, it enables them to charge higher prices for their new drugs. This is because the Pharmaccutical Price Regulation Scheme only controls companies' overall profits rather than profit on individual drugs.

This practice is probably not widespread as companies must have successful brand names and a large product pipeline for it to be effective, believes Mr Featherstone. But "there are some very interesting questions the DoH should be asking these companies"

Although previously confined to the major multiples, brand equalisation deals are now being offered to smaller multiple groups. The "danger sign", according to Mr

Table 3: by therapy class

	% RX WRITTEN AS GENERIC **	
Leading therapy classes* in terms of prescriptions	1994	1998
A10 Drugs used in diabetes	59	65
A2 Antacids, antiflatulents	46	62
and antiulcerants		
A6 Laxatives	63	70
C1 Cardiac therapy	63	72
C3 Diuretics	64	87
C7 Beta blocking agents	63	83
C8 Calcium antagonists	62	69
C9 Drugs acting on renin-angiatensin	73	86
system		
D7 Tapical corticasteraids	23	27
G3 Sex hormones, systemic	7	8
J1 Antibiatics systemic	78	92
M1 Anti-inflammatory and	63	79
antirheumatics		
N2 Analgesics	84	87
N5 Psychaleptics	85	88
N6 Psychoanaleptics, excl	59	80
anti-obesity preparations		
R3 Branchodilatars and anti-asthma	27	55
preparations		
S1 Ophthalmalagicals	43	45
Average across all therapy classes	53	67

Collier, is that these deals can create inequalities in the discount clawback, with small independents losing out.

Numark members will have the same opportunities as the multiples in this area, according to Ms Sipple. The range of brand equalisation deals on offer to members is set to increase this year if suitable products can be found.

It is rumoured that the Government is hoping to outlaw brand equalisation deals and close the loophole in the PPRS.

The future

So many major brands coming off patent in the near future will see "more pharmaceutical company mergers, pooling their resources and investment in R&D to try and minimise the impact of drugs coming off patent and improve the flow of new products to the marketplace", believes Mr Blundell.

Pharmaceutical companies will try and keep prices as high as possible for as long as possible. Brand equalisation deals would be one method of achieving this. The industry may press for advertising direct to the public, believes Martin Biggs Associates. Generic manufacturers could also press for brand equalisation deals to be included in the discount enquiry.

Mr Beighton says the generics industry will "take this period in its stride" and that it "will clearly allow the industry to do what it is best at reducing the drugs bill".

This period will provide a "competitive spur" to the industry leading to an increase in R&D and benefits for the NHS, claims Mr Smith.

The potential increase in market size is "a plus" for the industry, believes Mr Foreman. However, he adds: "I just hope there is a sensible approach to it." A situation similar to captopril's patent expiry, when the large number of generic equivalents forced the price down rapidly, would not benefit the generics industry as a whole.

An alternative to mandatory generic substitution has been suggested by the BGMA chairman Jon Close (see *C&D* May 22, p33). If a patient wants a branded medicine and a generic equivalent exists, they should pay the difference in price between the two. But if they choose the generic, they should qualify for a smaller prescription charge. These changes would save the NHS money, but safeguard research based investment, argues Mr Close.

Glaxo Wellcome condemns these proposals as "undermining the fundamental principles of the NHS". Choice of medication should be left to the doctor, not the patient, it says.

Some companies see generic OTC medicines as a growth area. Last year's MLX231 regarding changes in analgesic pack sizes saw Sterwin introduce ten new OTC paracetamol based products within the space of a few months. "Sales of these lines have been above all expectations," according to Jonathan Wilson, product manager for Sterwin Medicines.

Table 3. Proportion of prescriptions written generically by therapeutic class

* These relate to the anatamical therapy classes defined by the European Pharmaceutical Research Association. They are similar, but not the same, as the BNF chapters.

** In general practice. These figures do not include branded generics.

Nates

- Cansistently high generic prescribing for N2 analgesics aver this period reflects the fact that reimbursement for some of the drugs is not allowed unless they are prescribed generically.
- The law level af generic prescribing for G3 sex hormones may reflect the greater camplexity af generic name, the range of formulations, patient preference and the law cast of branded contraceptives in the UK.
 The relatively law level af generic
- The relatively law level at generic prescribing in R3 reflects the importance at the patented device in asthma therapy, and also patient preference.
- Varying levels af growth in generics by therapeutic class may reflect the focus of Initiatives encauraging generic prescribing in higher cast therapy areas.

Source: IMS Health, Medical Data Index

As the public becomes more aware of the number of drugs moving from Prescription Only to Pharmacy status, there may be more demand for generic equivalents. Advertising will be an important factor in influencing purchases, and Martin Biggs Associates believes that many generic companies rely too heavily on discounting as their sole promotional activity to capitalise on this increased demand.

Parallel importing is now seen as "more viable" than in the recent past, says Mr Foreman, due to the stronger than expected pound. There must be at least 20 per cent difference between the UK and the European price to make parallel importing worthwhile. It is "a feature of the market that is here 10 stay", says Mr Blundell. It means that generics companies' prices must compete with the imported brand as well as other generics.

The health secretary, Frank Dobson, is trying to arrange a deal with pharmaceutical manufacturers in which the Government would try and reduce the number of parallel imports if they help to cut the NHS drugs bill (see *C&D* May 15, p28). For every £1 the NHS saves from PIs, the pharmaceutical industry loses £6, says Mr Dobson.

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Delegated power

Pharmaceutical consolidation need not mean fancy names and wide-scale restructuring. Intercare, one of the larger PI/generic distributors, prefers to maintain the identities of the companies it acquires, as Guy L'Aimable reports

arallel importers aren't supposed to welcome a weaker pound, are they? Intercare does, although its chief executive, John Parker, obviously has sound reasons for doing so. "It will take a bit of froth off the PI market because a very buoyant pound means a lot of people could be encouraged to enter the market, apply for some licences and set up a small operation," he says.

This surge of newcomers creates more price pressures on other parallel importers. But when the pound weakens, "... a lot of people realise it's quite difficult to make good returns on this, unless you're very professional and sensible on your pricing". Such caveats, he says, deter a lot of would-be entrepreneurial importers.

Intercare is far from a fly-by-night merchant. Its organisation comprises a mobility product business and four generic/parallel import subsidiaries: Impharm Nationwide, Castle Pharmaceuticals, Freeman Pharmaceuticals and Craig Generics.

For a start, it is a publicly-quoted company which joined the Alternative Investment Market in 1989, and floated on the Stock Exchange in early 1995. It is currently worth around £21 million.

Intercare's involvement in generics/PIs began in 1990 when it acquired Impharm, followed by Castle in 1992. Since 1995, the group has been concentrating on pharmaceuticals and mobility products, which has led to the divestment of A-Z Dental, the UK's largest dental laboratory, and a small first aid kit business.

Last year it stepped up a gear with the acquisition of Freeman for £3.37m and Craig for £2.55m.

Its latest results reflect the newcomers' contribution: pre-tax profits up 92 per cent to £3.14m last year, and turnover up 31 per cent to £73.6m.

This year its profits are forecast to reach £4.5m on sales of close to £90m

International links

Unlike many other generic/Pl players, Intercare can fall back on its international mobility division when the pound weakens. As most of that trade is overseas, a weak pound increases Intercare's mobility profits, while diminishing slightly its Pl earnings.

However, the company feels the PI/sterling link is not as critical as some people think because the products are controlled by multinational producers who set their own prices. "The pound three years ago was about 25 per cent weaker than it is now," says Mr Parker. "But if you look at Freeman's margins and sales then, they were just as strong from a small base."

Pls currently account for about 65 per cent of Intercare's pharmaceutical business – it has a 10 per cent share of the market and expects to improve that. Last year the Pl market was worth about £300 million and grew significantly.

"About 1,000 PI licences are being



John Parker

applied for every month, which is forcing the Medicines Control Agency to review its procedure for handling these applications," says Mr Parker. "The market will grow to accommodate these people, but the availability of key products will always control its size."

Generics account for the remainder of Intercare's pharmaceutical sales – it does not want that share to fall further. Mr Parker says the trends look promising: when Eastern European countries join the European Union, for example, they will probably opt for generics instead of the more expensive branded pharmaceuticals. Generic manufacturers will benefit from economies of scale by producing more, which could mean better terms for distributors like Intercare.

lts subsidiaries, which have an estimated 5 per cent share of the UK generics market, have a lot of freedom to react as they see fit to such trends. Unlike some companies, which mould acquisitions into the parent's identity, Intercare lets its subsidiaries retain their identities and much of their independence - all four still have their original management. The aim is to foster the companies' strengths. For example, Phil Walker, managing director of Freeman, is good at marketing initiatives. "One reason his business has grown is because he understands how independent pharmacists feel," says Mr Parker.

David Scorah, a practising pharmacist, managing director and former owner of Impharm is better at purchasing products and building up the ranges. "All the managers bring different strengths to the pot – we all talk about it and try to feed off each other," says Mr Parker.

Pharmacy customers, he adds, appreciate the choice of different businesses.

Intercare's monthly management meetings keep everyone up to date about their activities and their

markets. As they are a small team, says Mr Parker, they can react much more quickly than national and regional wholesalers.

A combined approach makes sense in certain situations, such as negotiations with major pharmaceutical companies. Intercare's size also provides better bank rates on loans.

Couldn't the group save costs by merging the businesses? Mr Parker says it will make far more money by offering customers a better service and holding onto its margins." In a customer-orientated business, you don't improve the quality of offer you're giving customers by cutting costs," he says." Anyway, cutting costs always affects morale – getting rid of three people can be just as damaging as getting rid of 20."

Investment priorities

The company's current priority is investment – it spends around £100,000 a year on its pharmaceutical interests. Last year it relocated Impharm to a 19,000ft² site in Bolton. And in December Impharm started using Electronic Data Interchange (EDI) – next in line will be Castle, Freeman and Craig in that order.

Another aim is to foster a "strategic partnership" with big pharmaceutical companies. Intercare says it offers a focused service based on around 1,200 products. As it calls on 2,500 pharmacies every month and plans to expand that to 4,000 in two years, it believes it has a good case for arranging special deals with the companies.

Mr Parker is not worried about the increasing consolidation among pharmaceutical wholesalers. An expanding Phoenix will be more of a problem for UniChem and AAH Pharmaceuticals. And as Phoenix acquires more wholesalers, it will have to adjust its UK infrastructure to accommodate them. "And that always causes upheavals: people leave and then we have the opportunity to recruit experienced workers," he says.

What about the future? Mr Parker admits the group has thought about acquiring pharmaceutical wholesalers abroad, and it could buy foreign pharmacies, when the ownership laws are liberalised. Such plans are around three years away.

Its immediate moves will be in the UK. This year it should acquire at least one pharmaceutical wholesaler – it does not want to expand into the pharmacy sector. "We're also looking at whether we should start from scratch: open our own depot as an independent trading unit, perhaps a subsidiary of Freeman or Impharm; so it would have its own name and infrastructure.

"With a limited amount of resources, we should do one thing at a time and do it properly."



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s £4.99. **Date**: March 1999 **References.** 1 Nurolen Long Lasting Summary Product Characteristics 2 Data on File, Boots Healthcare International, Study 1







Top brands link in CBS Toiletries Village



Visitors to Chemex '99 will have the opportunity to see what's new from leading toiletry companies in the CBS Toiletries Village - a new concept at the exhibition this year.

The toiletries village is being introduced by CBS Genios - an independent wholesaler supplying pharmacists in the South of England.

The company has invited 20 of its suppliers to join it in its new Chemex venture. Visitors to the toiletries village will have the chance to talk to key personnel from leading toiletry companies including Elida Faberge, SmithKline Beecham, Smith & Nephew, L'Oreal, Laboratoires Garnier, Wella GB, Gillette, Bristol Myers and Schwarzkopf.

Each manufacturer will have at least two representatives on hand throughout the exhibition to meet visitors and answer any questions.

Ian Spooner, account manager for Elida Faberge, says: "The toiletries

village will provide Elida Faberge with a good opportunity to exhibit at Chemex, which we haven't done for a number of years.

We will be promoting our Christmas range at the show, together with new products like the Dove Bodywash range which is being introduced in June?

Andrew Deacon, chairman of CBS Genios, comments: "Chemex is the only show where you can bank on seeing a significant number of pharmacists in the same place and at the same time.

"We are investing in Chemex '99 because we believe it will play an important part in raising our profile, generating business and offering our existing customers a better service.

CBS Genios will be offering a range of special promotions and cut prices on all orders placed at Chemex '99. CBS Genios Ltd.

Tel: 0181 801 6444.

Get in the picture with Agfa

Agfa-Gevaert has identified pharmacies as a major growth sector for offering photoprocessing services and for the sale of photo products.

Keely Ford, channel manager for Agfa Minilab, says: "Pharmacists are looking for ways of expanding their business and potential profit opportunities. Installing a minilab is an effective way of doing this."

At Chemex '99, Agfa will be talking to pharmacists about its Minilab Business System - a support programme for pharmacies looking to invest in photoprocessing that includes a full range of minilab and digital processing equipment. Agfa-Gevaert Ltd. Tel: 0181 231 4908.

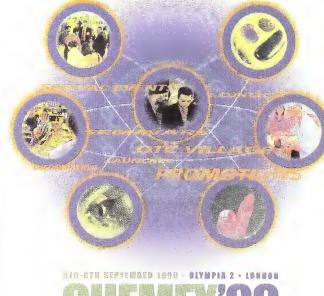
SMA offers food for thought

SMA Nutrition, exhibiting at Chemex for the first time this year, is keen to take the opportunity to increase pharmacists' awareness of special

Jacqueline Thomas, professional relations executive at SMA, explains: "We now have more special feeds than in the past and want to build a closer relationship with pharmacists to update them about our products. Pharmacists can be an excellent source of advice for

SMA special feeds to be featured at Chemex '99 will include SMA LF and SMA High Energy.

SMA Nutrition. Tel: 01628 660633.



Murrays is all set for the new millennium

By the time Chemex '99 is in full swing, the new millennium will be just four months away. With this in mind, Paul Murray intends to use the exhibition as a platform to launch its Millennium Collection

This new range will feature new products from five of its 13 brands -Spring Island gifts, Head Girl hair accessories, Murrays manicure, Clío cosmetic bags and Miners Cosmetics

The collection includes aromatherapy bathroom gift sets, shaped floral ceramics, beauty gift sets, manicure gift sets, scented candles, stationery/envelope sets and



hair accessory gift bags. Prices range from £0.49 to £19.99. Paul Murray plc. Tel: 01703 268444.

Visitors to get help with tougher retail environment

Norton Healthcare will be focusing on building its Advantage scheme on Sunday, September 5, when the greatest number of independent pharmacists is expected to attend the exhibition

On the second day of the event, which traditionally attracts numerous international visitors as well as key buyers from major UK multiples, there will be a greater emphasis on highlighting Norton Healthcare as a supplier.

Richard Saynor, trade Norton's marketing manager, comments: "unprecedented changes are facing retail pharmacies with patient packs and a tougher retail environment.

'Chemex '99 will provide a good opportunity for our customers to talk to us in an informal setting about the issues of the day.

Norton Healthcare Ltd. Tel: 08705 020304.

Chemex exhibitors can 'wise up'

Chemex '99 exhibitors are being given the chance to prepare for the event at a special Exhibitor Wise Workshop at Knebworth Estates near Stevenage on June 10.

The workshop has been designed to help exhibitors plan for the exhibition and to help maximise on the opportunities available.

The programme will include advice on visitors promotions plus organising and logistical tips. There will be a chance to meet the Chemex team and C&D editor, Patrick Grice, will be on hand to outline editorial opportunities for exhibitors.

For information about the workshop or stand availability at Chemex '99 contact Ian Gerrard, exhibition director, on 01732 377633 or Simon Page, sales executive, on 01732 377256.

Visitor hotline

For free tickets, call the Chemex '99 hotline: 01203 426 526 or fax 01203 426 519

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BRHUN Blood pressure testing and hypertension



How will we be measuring blood pressure in future? Not with a mercury sphygmomanometer, says Stephen Young of the Medical Devices Agency, Department of Health

he next few years will see some dramatic changes in the way blood pressure is measured. No longer will the familiar mercury sphygmomanometer which resides close to every GP's prescription pad be the instrument of choice.

Three factors are combining to make them obsolete:

- servicing is difficult to organise and the cost is high
- mercury spills cause disruption and expense
- EU regulations banning mercury are on the horizon.

Mercury is a toxic chemical. The Health & Safety Executive imposes stringent controls on workshops servicing mercury sphygmos and encourages rigorous treatment for any spills.

The EU environmental people argue that we should be using a toxic chemical in medical devices only when there is no effective alternative. Following this reasoning, mercury clinical thermometers have already been banned in France.

It has been estimated that over two tons of mercury is used in medical devices in Europe each year - all of which ends up 'down the drain', so there will be continuing environmental pressure for regulations to limit the use of mercury.

The two alternatives

Aneroid sphygmos are the familiar devices with a circular mechanical pressure gauge substituted for the mercury column. They still use the traditional cuff and stethoscope, though.

Automatic sphygmos (sometimes called NIBPs – non-invasive blood pressure meters) either have a conventional cuff, or look like a very large wrist watch with the cuff built in. They come in two distinct price ranges – devices above £1,000 designed for hospital physiological measurement, and devices under £200 designed mainly for individuals to buy for their own use.

These devices are for the most part wholly automatic. They have a little motor to blow up the pressure cuff, and then an internal computer controls its deflation and monitors the oscillations due to the pulse. It uses these to estimate systolic and diastolic pressures, which are displayed digitally on a screen.

Automatic sphygmos

These remove the human element from the process, which has been

shown to cause all sorts of inaccuracies. Clinicians may not be trained to recognise the sounds properly, may not be able to control the pressure release smoothly enough, may take the reading incorrectly, and may not have adequate hearing

Thus, in theory, an automatic sphygmo should produce a better estimate of blood pressure. Obviously, for ordinary surgery or clinic use, it is the cheaper range of instruments which will be of interest. Half an hour spent at a trade fair self-testing half a dozen of these devices will quickly demonstrate that theory is a long way from practice.

The first problem, therefore, for a potential user or retailer is to discover which automatic sphygmos are actually accurate. Because these devices use computers and dynamic pressure change readings, it is not easy to check their calibration with a test gauge.

Simulators exist to mimic the behaviour of a cuff as the pressure changes. A blood pressure/pulse rate combination is set up on the simulator box, which is then attached to the automatic sphygmo in place of the cuff. The sphygmo reading is then compared to the test setting programmed into the simulator.



Automatic sphygmos – the choice for the future?

But simulator manufacturers are very cautious about using their machines to check calibrations, and there is no widely accepted benchtesting protocol.

Manufacturers who make claims for the accuracy of their automatic sphygmo tend to do so on the basis of a clinical trial involving the simultaneous use of the automatic sphygmo and conventional stethoscope/mercury column methods on a large group of subjects.

The two best known protocols are BHS and AAMI. These trials provide

some assurance that, on average, results are in line with readings taken in the traditional way – but given all the problems with the traditional method, talk of comparisons with the mercury 'gold standard' seems a bit excessive.

Clinical users should check that device features which are helpful to people monitoring their own blood pressure (displays which only the patient can read easily, memories for previous readings which affect the operating range) are not counterproductive in a clinical setting.

Aneroid sphygmos

These devices have all the human error problems of the mercury column method, but some of the advantages as well.

There is no battery to run down and readings can be obtained from elderly patients with veins in poor condition, for whom automatic sphygmos don't work. Also, they only cost £19, as against at least £80 for a good quality automatic sphygmo.

Obviously users will need training, which has associated costs – but if clinicians were to go 100 per cent automatic, then the skills needed for the traditional method would quickly be lost altogether.

The main problem, though, is that aneroid pressure gauges can become inaccurate with prolonged use or rough handling, and must be checked for accuracy at regular intervals. This is a quick and simple process using a digital pressure gauge.

The Medical Devices Agency is currently trying out a user audit of aneroid sphygmos in Bradford, to see if it is feasible for users to check their own instruments.

Predicting the future

I see mercury sphygmos being a thing of the past by around 2002 to 2003, and cheap automatic sphygmos having a large share of the market.

Many people with blood pressure problems will buy their own, and the time may come when they rival clinical thermometers as a DIY diagnosis aid. Thus people will arrive in the clinic thinking they know what their blood pressure is (and, no doubt, what they want to be prescribed!).

Many professionals will want to use ancroid sphygmos to provide an independent check on automatic sphygmos, and to be sure they have something in their bag which always works. However, automatic sphygmos are enormously time-saving in a ward situation, and will be much used for routine monitoring

In the short term we need:
 good checking procedures for ancroid sphygmos

advice on which automatic sphygmos are accurate

a better simulator – a reliable (and affordable) calibration checker for automatic sphygmos.

Measuring blood pressure: a developing role for pharmacy

Belfast community pharmacist Terry Maguire outlines practical steps for pharmacists who are planning to provide blood pressure measuring services in-store

or over 15 years there has been an interest in developing clinical testing services in community pharmacy. Blood glucose and serum cholesterol monitoring have attracted considerable interest since the mid-1980s. At that time urine testing for pregnancy, and weight and blood pressure measurement were already provided in pharmacies.

Yet few pharmacists have sought to offer a comprehensive clinical testing service and where they have, it is on an *ad boc* basis. Some feel clinical testing is not an appropriate service for them to offer, and other healthcare professionals have accused pharmacists of using such tests as

a commercial gimmick.

It is reasonable to say that pharmacy-based clinical testing services in the 1980s seemed to lack purpose. However, the professional philosophies developed in the 1990s, such as pharmaceutical care, provide a clear focus for clinical testing within pharmacy practice.

The professional role of the pharmacist exists at three levels:

- Level 1 Keeping the healthy healthy
- Level 2 Responding to symptoms
- Level 3 Pharmaceutical care

Level 1

Clinical testing provides an opportunity for opportunistic screening. This allows the

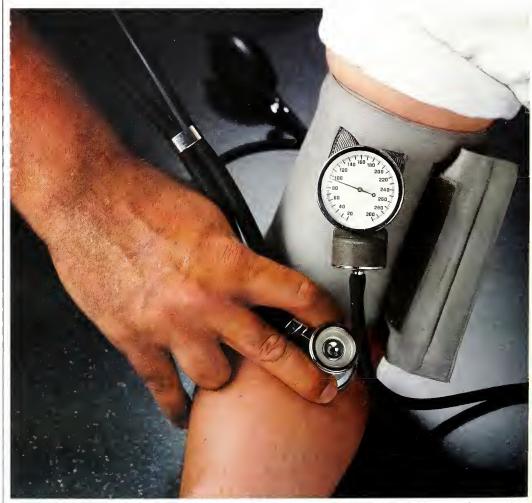
identification of people with abnormal test results to be referred for further assessment. For example, it is estimated that 50 per cent of hypertensives and diabetics remain undiagnosed.

The sooner a patient is identified and treated, the less is the damage caused by the disease.

Opportunistic screening should be offered to all those who visit a pharmacy, but targeting high risk groups, such as people over 50 years of age, could increase detection rates.

Level 2

When dealing with symptoms that might be indicative of low or high blood pressure, a BP measurement might be offered. Often patients with



Philosophies developed in the 1990s provide a clear focus for clinical testing in pharmacies

symptoms will want to know what their blood pressure is: it often reassures them to know that this is not the problem.

Level 3

Clinical testing fits neatly into pharmaceutical care, which is defined as the responsible provision of medicines to achieve definite outcomes that improves a patients quality of life. One of the elements of this philosophy is an assurance that the desired outcome of therapy is achieved.

Sixty per cent of hypertensive patients, that is those diagnosed by their GP and taking antihypertensive medication, fail to get a sufficient fall in blood pressure to reduce the risk of a major cardiovascular event.

With more frequent and more accessible blood pressure monitoring hypertensives will have their blood pressure managed with a resultant reduction in heart problems.

Monitoring in the pharmacy

For the reasons given above pharmacists should not be backward in becoming involved in blood pressure monitoring. However, it is important that where a pharmacy is providing a BP monitoring service it is done to the highest professional standards.

What is basis of blood pressure monitoring? Blood pressure varies through each beat of the heart (cardiac cycle). The contraction of the ventricles (systole) sends a pressure wave radiating down the major arteries. This is the systolic blood pressure and represents the highest pressure in the system (see figure 1).

When the ventricles are filling with blood (dystole) the pressure in the arteries is reduced to its lowest level – the diastolic pressure.

Conventionally blood pressure is measured in the brachial artery (in the arm) at a point just above the elbow, but the new generation of automatic blood pressure monitors are designed to measure the pressure in the wrist.

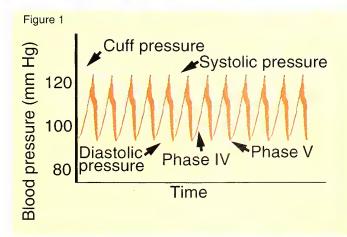
A cuff pressure is applied to the artery and as the pressure is increased a point will be reached where the cuff pressure exceeds the highest pressure (systolic) in the artery. At this point all blood flow into the arm ceases.

Where the cuff is deflated (normally at 3-4 mmHg per second) to a pressure at which the systolic pressure is slightly greater than the cuff pressure, blood will be forced through the artery at this point in the heart beat.

Since the pressure in the artery will quickly fall towards the diastolic pressure it will snap closed as the cuff pressure again exceeds the artery pressure. The artery closing produces a sound, the Korotkov sound. When



Results should be recorded. The NPA provides a form



this sound first appears this pressure represents the systolic pressure.

Diastolic pressure is the measurement recorded when Korotkov sounds become muffled (Phase IV) for those using a sphygmomanometer, or disappears (Phase V). This is normally what is measured using a automatic or semi-automatic system.

Factors affecting blood pressure results

Many factors affect blood pressure and these must be taken into account when providing a service.

Stress/anxiety: Customers requesting a BP measurement should

be seated for at least 10 minutes before the measurement. Measurements should always be taken in the seated position as BP seated and BP standing will be different.

The customer must not be made anxious in any way and therefore it is best that you perform the test in a quiet/private area and that the room should have a pleasant ambient temperature.

GPs appreciate that stress and anxiety will produce erroneous measurements: this is known as 'white coat hypertension'.

Cuff size: For equipment that is applied to the upper arm, the cuff size is critical and must be matched to the

size of the patients arm. The girth of the limb should be two to three times the cuff width. Ideally three different sizes of cuff should be available to match customers' wrist sizes.

A cuff that is too small will overestimate the blood pressure causing cuff hypertension. This is not an issue for measurements made at the wrist.

Other factors

Tight fitting sleeves should be avoided and a cuff should never be applied over clothing. Taking exercise or having a meal, hot or cold, immediately before a reading can affect the result. Ideally customers should evacuate their bladder before a reading since a full bladder will increase blood pressure.

The conditions in which a BP measurement is performed should be well controlled and if a test needs to be repeated then it should be performed on a different day with all other factors standardised. If a repeat measurement is not possible on a different day then at least 15 minutes should clapse before a second measurement is taken.

The current Medicines Ethics and Practice (1999) gives clear guidelines on BP measurement in the pharmacy.

Recording the reading

Once a result is obtained it should be recorded, preferably on the pharmacy PMR system. Ideally patients should be given their result in a written form. The NPA provides a report form for this purpose.

Where a patient is found to have a high blood pressure, the measurement must be repeated on two future occasions and then, if it remains high, the patient should be encouraged to see the GP.Again an NPA referral form is available for this.

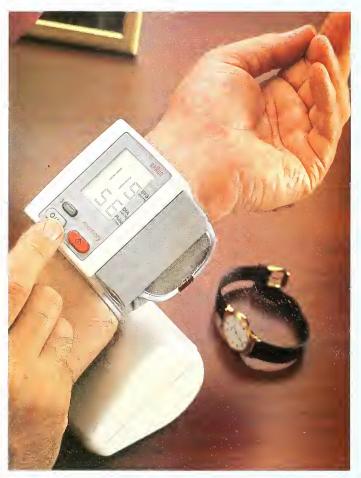
Pharmacists must not inform GPs of a patient's BP results without first seeking permission to do so. In the UK family doctors will normally measure phase IV (muffled sounds) whereas most automatic systems measure phase V which is a few mmHg lower. This should be stated in any referral note you give.

Instrumentation

Insist on proof from manufacturers that instruments provide accurate and reproducible results. You will be required to ensure that any equipment you have is maintained in a good state and that accuracy is confirmed once a year. Your local GP could help you here.

Dr Maguire is director of the Northern Ireland Centre for Postgraduate Pharmaceutical Education and Training. He owns two pharmacies in Belfast and is currently president of the Pharmaceutical Society of Northern Ireland.

Braun VitalScan – Measuring Blood Pressure at Home



Then performed correctly, patient self-monitoring can be a valuable aid to patient compliance and treatment control, with the added advantage of convenience and ease of use.

There are many benefits to measuring blood pressure at home

Blood pressure varies significantly, depending on a number of factors, including the time of day. Because the VitalScan can be used anywhere and at any time, a comprehensive blood pressure profile can be built up at home or work over many weeks and multiple measurements.

This profile can provide the physician with valuable information which would not be available through typically infrequent patient visits to the doctor's surgery. This fuller blood pressure picture can aid the doctor in diagnosis and therapy and VitalScan can provide patients with measurable responsibility for their own condition and lifestyle.

The temporary elevation of blood pressure, which often occurs when patients visit the doctor's surgery (known as the 'white-coat' effect), can be eliminated through regular home monitoring.

How does the Braun VitalScan work?

VitalScan is a fully automatic oscillometric blood pressure monitor that records the oscillation of the arteria, via a wrist cuff, which then allows the automatic calculation of systolic, diastolic and pulse values. The VitalScan optimised algorithms provide accurate blood pressure and pulse readings, which can be stored and averaged in the VitalScan's seven reading memory, providing useful trend information for the patients and their doctors.

The readings appear on the large, easy-to-read display, and the whole measuring process is fully automated and completed in 40 seconds.

Hard box container

The Braun VitalScan hard box container has been carefully designed for safe storage and provides an arm rest for use during measurement. This positions the arm at the optimum height and angle for accurate measurement.

VitalScan Passport

The Braun VitalScan is supplied with the VitalScan Passport chart to enable the user to log readings, and there is a comprehensive booklet on how to use the monitor.

Measuring blood pressure with the Braun VitalScan

- Wrap the cuff around the wrist and fasten snugly. The display should be on the inside of the wrist.
 Hold the appliance at heart level. Using the hard box container to support the arm facilitates this procedure.
- 3. Press the on/off button. The appliance is ready for use as soon as the buzzer sounds three times and the 'O' appears on the display.
- 4. Press the start button.

Braun VitalScan and Oscillometry - Summaries of Clinical Data

i. Three devices for self-measurement of blood pressure were evaluated against the revised protocol of the British Hypertension Society and the revised standard of the Association for the Advancement of Medical Instrumentation. The only device to satisfy both standards was an oscillometric device.

O'Brien, E et al. Blood Pressure Monitoring 1996: 55-61

ii. In this study, blood pressure readings from a wrist-mounted, oscillometric device were compared to simultaneous readings from a pigtail catheter, situated in the aortic arch. Validation and evaluation of this study was conducted in accordance with protocol 58130 of the German Institute for Validation. The study concluded that the oscillometric wrist device could be recommended for blood pressure self-measurement and that, used correctly, such devices gave reliable and accurate readings.

Eckert S, et al. Blood Pressure Monitoring 1997; 2:189-192

iii. This study detailed tests on a wrist mounted oscillometric device for blood pressure self-measurement. Authors concluded that results obtained from the device showed a good agreement with the method of Riva Rocci/Korotkov.

Thummier L, et al. Z Kardiol 1994; 83(9): 641-645

iv. Blood pressure readings from two oscillometric wrist blood pressure devices were measured against 24-hour ambulatory blood pressure monitoring (ABPM). The authors concluded that results obtained from the oscillometric device self-measurement showed no significant difference from the reading taken by ABPM.

Eckert S et al. Z Kardiol 1991; 85 Suppl 3: 109-111

BRAUN

The next generation

hey say that your time at university can be the best years of your life, and I don't think you would find many pharmacists who would disagree. But for pharmacy undergraduates, student life is changing in more ways than one.

For future pharmacists, tuition fees and an end to student grants mean times are harder than ever, but there is light at the end of the tunnel. Employment prospects



Jonathan Burton

for young pharmacists can only be described as excellent, with demand far outweighing supply.

The introduction of a four-year M Pharm degree will undoubtedly amplify the current manpower crisis. While providing opportunities for young pharmacists, we must not ignore the impact this shortage may have on pre-registration training. The profession will be relying more than ever on experienced and capable practitioners to ensure new graduates have a smooth transition into practice.

The British Pharmaceutical Students' Association (BPSA) has been representing the interests and welfare of future pharmacists for over 50 years. The BPSA executive, which consists of undergraduates, pre-reg trainees and newly qualified pharmacists, has a responsibility to make sure students get a fair deal and are made aware of the huge range of opportunities open to them upon qualification. We are also striving to develop new services for our members, the latest of which is an interactive web site.

Raised on a diet of 'New Age' supplements, modern pharmacy students expect and demand to make better use of their training, and the BPSA constantly aims to make others aware of this. In addition to responding to the PIANA initiative and 'the Frank Dobson Letter', we were also the only student body from any health profession to make a contribution to the Crown Review.

Today's young pharmacists are ready, willing and able to 'boldly go where no pharmacist has gone before'.

Jonathan Burton, BPSA President

e-mail: bpsauk@aol.com

web site: http://members.aol.com/bpsank

Young pharmacists - the profession's future in our hands

Alastair Buxton, chairman of both the Shropshire Branch of the RPSGB and the Young Pharmacists' Group, says the future is in our own hands

Il pharmacists, young and old, will remember that first day working as a fully qualified member of the profession. You may recall a scary moment as the full reality when all that professional responsibility hit home for the first timer, or maybe you were confident that you were ready to meet all the challenges to come your way.

With time, all young pharmacists come to realise that those demanding moments never stop, and as we stand now we are perhaps facing the most professionally challenging time since the inception of the NHS.

The Young Pharmacists' Group is trying to address many of these challenges on behalf of all its members, both young and old. We see



Alastair Buxton

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Guest editor

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a great future for the profession, but we just have to show the confidence to reach out and grasp it!

So what are the issues affecting our professional future? Firstly the 'new, modern and dependable NHS' is looking for professionals who are willing to develop new services and roles to benefit the health of the population.

The recent introduction of PCGs and their equivalents presents us all with an enormous opportunity to get involved, but many pharmacists see barriers in the way. The manpower crisis in community and hospital practice is an often-quoted barrier to new roles.

One way to ease the pressure on pharmacists' time is to develop the role of the pharmacy technician, and this is currently being discussed within the 'skill mix' debate initiated by the RPSGB. The YPG is strongly in favour of making better use of support staff, training for dispensary staff and the ultimate registration of pharmacy technicians.

These two developments are essential if our members are to develop new patient focused roles and if the Society is to maintain some control over a group of workers who will ultimately play a crucial role in the development of pharmacy practice.

Training, accreditation and continuing professional development are also issues which for some place barriers in the path of new role developments. The pressure of time in a working week means that it is often difficult for pharmacists to take advantage of education and training opportunities.

The prospect of attending a course after a long day at work is not appealing to many of us, but without the right postgraduate training we will not be able to successfully take on these new roles. We believe that for the future, continuing education provision for pharmacists needs to include courses during the working day, with payment of locum fees as standard.

As professionals, we all have a responsibility to keep our knowledge up to date and there are a multiplicity of education providers now open to us. We do, however, need to have a new system of quality assessment and accreditation for continuing education. There is too much variation in the quality of educational experiences to be gained from the various providers.

There is also a need for all pharmacists to take a long hard look at their own continuing professional development (CPD). The YPG strongly



believes that the profession has reached the point at which mandatory CPD should be a requirement for continued registration, with the development of competency assessments for practitioners a medium-term goal.

With a system of CPD and competency assessments in place, it would put us in a strong position when it comes to tendering for new services at a local and national level.

The current remuneration system for community pharmacy has been with us for many years and the pressure for reform is growing in many quarters. This issue is of critical importance to all young pharmacists wanting to develop their clinical skills and become involved in providing pharmaceutical care.

The recent RPSGB discussion document on new models of remuneration attempted to initiate debate on this area. Many factions within the profession will resist any changes to the status quo, but changes must be made to ensure the long-term future for young pharmacists.

Capitation payments for registered

patients, payments for specialist services for specific disease states, and management of repeat medication and concordance are all ideas for future remuneration structures, but they are some time off yet.

Nevertheless, young pharmacists should involve themselves in this debate, as they are the people who will be most affected by the outcome.

The latest hot issue to hit the headlines is pharmacist prescribing. The YPG has long argued for pharmacists to take on a prescribing role within the NHS. Pharmacists up and down the country effectively prescribe on a daily basis when advising patients on minor illnesses we just don't sign a piece of paper to prove it!

Moreover, if nurses can be given limited prescribing rights (and pharmacists be involved in training them), surely it is time for the profession that receives the greatest amount of training in pharmacology to be given a turn?

The Crown Review has suggested that the profession should be allowed to move towards dependent prescriber status: we have to work to

persuade Frank Dobson to agree when the long-awaited strategy for community pharmacy is finally published!

The increasing preponderance of employee and locum pharmacists presents many challenges to young pharmacists wanting to develop their extended roles. When you are not the boss it is not easy to push forward 'New Age' developments.

Similarly, there are currently few opportunities for young pharmacists to acquire viable pharmacy businesses. All of these factors, with the addition of long working hours and limited structures for career progression, may be adding to the falling morale of many young pharmacists.

It's not all doom and gloom for young pharmacists. None of these barriers are insurmountable and the YPG is determined to play its part in moving us all towards the bright future we have ahead of us. It will not be easy - nothing worthwhile ever is - but if you are young at heart you must join the battle to secure a more fulfilling and professionally rewarding future.



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On the lookout for new pre-reg tutor recruits

What does it take to be a pre-registration tutor? Sian Davies, pre-reg administrator at the Royal Pharmaceutical Society, is looking for recruits

s someone who has been a pre-registration tutor in community practice for six years, I see myself as something of an authority on the subject! I have seen the benefits and the pitfalls of the position over the years, but I can honestly say that the rewards I have received in return for performing this work have far outweighed the difficulties.

When I decided to take on the role of pre-registration tutor, I was a little nervous and felt daunted by the prospect of 'holding someone's career

in my hands'. After all, the prospect of being responsible for 'producing' a competent pharmacist, ready to be unleashed onto the public, was a sobering one.

However, through the years, I have grown in confidence and am now reaping the benefits of being a tutor. The process is no longer about throwing knowledge at trainees and expecting them to take it all in. It is no longer about making them perform all the jobs on the premises and 'ticking off' the completed ones.

It is now a matter of helping them grow as a professional and enabling

them to develop the skills to enter the pharmacy profession.

But not everyone can hope to become a competent tutor immediately. It is not just about attending an RPSGB tutors' seminar, and then expecting that you can easily guide your trainee through what could possibly be the most demanding year of their life.

A tutor needs to develop the skills to perform this important role effectively. I would suggest that new tutors should identify and address the areas of their own performance that do not reach a high professional



Sian Davies

standard before embarking on this demanding area of practice.

The benefits of being a tutor can be

- an increase in the tutor's own knowledge base, by 'tapping in' to the clinical knowledge of the trainee which they will have recently gained from their degree course
- trainees may be able to help tutors identify their own weaknesses.A trainee can provide feedback on the tutor's performance, which will enable the tutors to develop their own competencies as tutor/ pharmacists
- pharmacy can be a lonely profession, particularly for a pharmacist who is in sole charge of the pharmacy. It is quite often possible to bounce ideas off a pre-reg trainee, especially as the year progresses and the trainee grows in confidence
- the satisfaction in knowing that you, as a tutor, have helped a person become a competent healthcare professional which you and the profession can be proud of.

But it is not only the tutor who benefits from the pre-registration experience!

What about the pharmacy graduate who is embarking on the final leg of training before joining the Register? How can the tutor help the trainee get the most out of the year?

The following are things that the tutor will need to consider before and during the year:

- the year ahead needs to be planned. The tutor will need to consider what will need to be covered and when. The tutor will need a schedule to ensure that all the objectives that need to be achieved
- the tutor needs to have a degree of flexibility, as training plans may need to be changed through the year to fit in with the trainee's needs and/or
- it is important that tutors regularly give feedback to trainees on their

Continued on P36→



Miller Freeman







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Guest editor

→Continued from P34

performance, so that trainces are always aware of their progress

- tutors must be approachable and should create opportunities for the trainee to discuss any areas of concern that the trainee may have
- tutors will need a high degree of interpersonal understanding. Areas in which the trainee shows weaknesses need to be addressed immediately and constructively as this is in the best interests of the trainee. The tutor should be firm, but fair
- personal difficulties will need to be put to one side. The relationship between a tutor and a trainee is a professional one and any personal difference must not enter into the equation
- tutors should continually evaluate their own performance and seek to improve on any areas that they are not confident in
- tutors must show a high degree of professionalism and act as a role model for the trainees
- tutors must show a commitment to the pre-registration programme and always look for ways to improve the training that they offer their preregistration trainees.

Are you daunted? I was. Don't be! I have been a pharmacist for ten years and have had a number of responsibilities, but pre-registration tutor has been the most rewarding and exciting of all. Every year I have looked forward to a new trainee starting and every year I have gained new experiences that I would not have gained in any other capacity.

The RPSGB sees it as a priority over the coming years to ensure that preregistration trainees are given quality training. The Education Division is currently defining tutor competencies and will be looking at new ways to accredit tutors to ensure they have these necessary skills*.

The existing competencies for trainees are also being rewritten to take into consideration the pharmacist's changing role. So now is an especially exciting time to consider becoming a tutor.

So to all you budding tutors, all that is left for me to do is to wish you luck as you embark on your new role.

* If you would like to make any suggestions on how the Education Division can accredit or evaluate tutors, please write to Virginia Wykes, Education Officer, RPSGB or e-mail her on vnykes@rpsgb.org.uk.

Sian Davies works for Boots and is on secondment to the Pre-registration Section of the Education Division of the Royal Pharmaceutical society, where she is pre-registration administrator

Pharmacy graduates are not what they used to be ...

.... they are better, argues Professor Claire Mackie, head of the School of Pharmacy, Robert Gordon University, Aberdeen

The pharmaceutical profession is unique amongst healthcare professions in that it has a knowledge of medicines from their manufacture to their use, including discovery, synthesis, formulation, quality assurance, distribution, therapeutics and monitoring.

But pharmacists in practice often say: "University did not prepare me for a career in pharmacy ... I have applied less than 10 per cent of what I have learned." This is usually because they are focusing on one end of this spectrum, perhaps in the practice of clinical pharmacy.

If they graduated in the 1980s or earlier they would be right – university did not prepare them for their current career. However, graduates of the 1990s are more appropriately educated for a career in practice, not only for today but for tomorrow.

I wish to consider the current teaching philosophy and curricular structure at the School of Pharmacy at the Robert Gordon University, Aberdeen and share our aspirations for the future to ensure our graduates are always fit for purpose.

Teaching philosophy

The aim of the course is to provide a sound basis, both theoretical and practical, in pharmaceutical, clinical and professional sciences. The course is designed to produce creative learners based on enquiry, problem solving and the development of self-study skills which foster a positive attitude to lifelong learning.

Curricular structure

The Royal Pharmaceutical Society provides guidelines on curriculum structure¹ for all schools of pharmacy





n the UK. However, each school will have its particular areas of strength which can provide a different emphasis to its undergraduate

In the Robert Gordon University, the course is taught almost entirely within the school which, for teaching purposes, is administered as two ntegrated sections: pharmaceutical sciences and clinical and professional sciences (CPS)

The pharmaceutical sciences section ensures that the science base is provided and that it is subsequently developed throughout the course. Pharmacology, clinical and pharmacy practice related material are taught by CPS staff from first year onwards.

Visiting practitioners from community, hospital and industrial pharmacy, together with teacher practitioners, are involved with the teaching, enhancing the quality and clinical perspectives of the undergraduate course.A substantial final year project ensures that all students have a sound training in research methodologies.

Course content

Pharmaceutical Sciences: a knowledge and understanding of how medicines are developed and brought to the market place is introduced in the first year and developed throughout the course in modules dealing with formulation, dosage form design, pharmaceutical manufacturing, sterile products, pharmaceutical production processes, pharmaceutical analysis and quality assurance systems.

The study of molecular pharmacy, biochemistry and applied microbiology prepare the graduate for an understanding and knowledge of biotechnology products.

Clinical and professional sciences: physiology and pharmacology are introduced in the first year and further developed through subsequent therapeutic modules as key foundations to the practice of clinical pharmacy and the delivery of pharmaceutical care.

These, together with microbiology and related biological sciences, allow students to develop a knowledge of disease processes and drug actions which is then applied in simulated case studies in the later years of the

Social and behavioural sciences are introduced in the first year and further developed throughout the course. This allows students to develop an understanding of the role of the pharmacist in the healthcare team, while developing the interpersonal skills of communication, teamworking and problem solving.

Core elements, such as professional ethics, legislation and dispensing, are introduced from year one and integrated throughout the remainder of the course Pharmaceutical care, with a focus on particular aspects such as pharmacist prescribing, pharmaco-epidemiology, pharmaco-economics and pharmaceutical public health, comprise a substantial component of the final year.

Future developments

Pharmaceutical care centre: a pharmaceutical care centre is currently under development and will be equipped with a simulated community pharmacy, a GP surgery with consulting rooms and 10,000 sets of case notes, a drug information centre and a number of clinical work stations including a near patient testing area

This facility will be operational at the start of the 1999/2000 academic

Lifelong learning: throughout the course, by being exposed to a variety of teaching methods, students are encouraged to take responsibility for their own learning. We feel confident that on graduation our students are fit

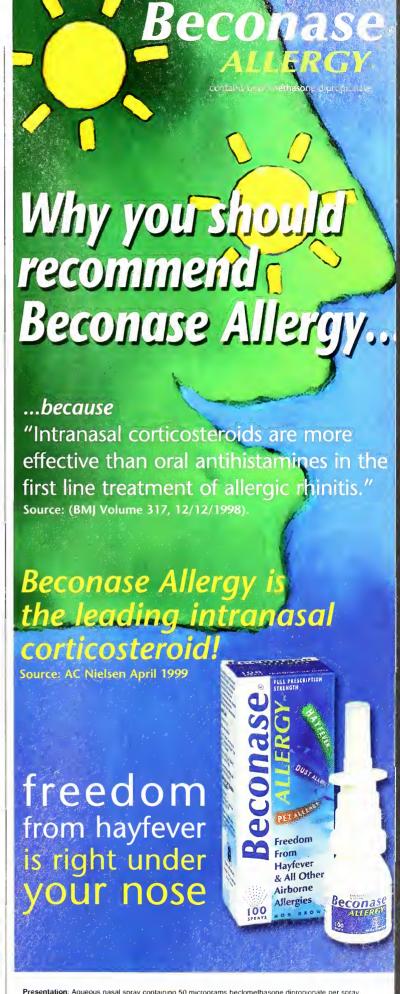
However, the challenge is to ensure that our graduates continue to adapt to meet the needs of tomorrow.To facilitate this we plan to provide lifelong learning through provision of open and distance learning materials via the internet

Conclusion

Graduates of the 1990s are versatile and resourceful practitioners who throughout their career will apply at least 90 per cent of what they have learned, and through them the profession will achieve its strategic aims and its aspirations for the new millennium.

References

I. Royal Pharmaceutical Society of Great Britain. Criteria for the accreditation of degrees in pharmacy. London: Royal Pharmaceutical Society, 1996.



Presentation: Aqueous nasal spray containing 50 micrograms beclomethasone dipropionate per spray Uses: Allergic rhinitis. Dosage: Intranasal use only. Adults aged 18 and over: Two sprays into each nostril every morning and evening. Contra-indications: Hypersensitivity Precautions: If symptoms have not improved after using Beconase Allergy for 14 days consult a doctor. This product should not be used continuously for longer than 3 months without consulting a doctor. Pregnancy and lactation, consult doctor before use. Side effects: Dryness and irritation of the nose and throat, unpleasant smell and taste and epistaxis have been reported rarely. Rare cases of raised intraocular pressure or glaucoma and nasal septal perforation have been reported. Systemic effects may occur, particularly when used at high doses for prolonged penods. Price (ex VAT) 100 spray £5.69 180 spray £8.59.

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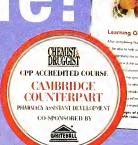
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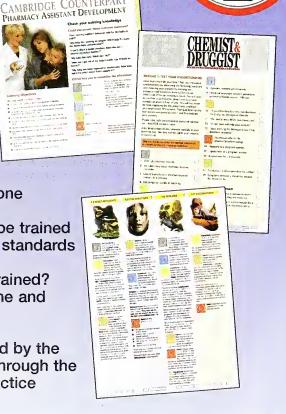
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RPSiS quick off the mark to target MSPs



Dr Sheila Stevens, secretary to RPSiS in York Place, with the report sent to MSPs. On Monday it grabbed the third page headlines in *The Herald*

The Royal Pharmaceutical Society in Scotland (RPSiS), as the Scottish Executive is now styling itself post-devolution, has been quick off the mark in lobbying new MSPs.

Pharmacy can make even more of a contribution to improve Scotland's health is the message from a report, 'No Appointment Necessary', which has been sent to all members of the Scottish Parliament. Over 600,000 people visit a pharmacy in Scotland every day, according to the report.

RPSiS chairman Graeme Millar says: "Pharmacists in Scotland have a good track record of working in partnership with other healthcare professionals and are already providing innovative care services including computerised prescribing, drug misuse schemes and smoking cessation programmes."

Speaking at the Scottish Pharmacists' Conference in Dundee last Sunday, Mr Millar said the report was a "declaration of intent to work with government". Around 35 per cent of business in the new Scottish Parliament will revolve around health.

However, he RPSiS ehair emphasised that RPSiS Millar was not breaking away from the Royal Pharmaceutical Society of Great Britain. While there was now a completely different legislative structure in Scotland, the Society's Scottish headquarters in York

as a role is the new tests talk putton and igniveled ure of ed.

he RPSiS ehairman Graeme

in partnership with Lambeth because it did not have the resources to work alone. But he warned that

Place had to work

as the Health Service in Scotland was smaller, things were likely to change faster. "If we do not work to understand that process and be flexible, we will be forced apart."

On November 2, the RPSiS plans to host an event for senior decision makers where they will hear about "the status of pharmacy in Scotland, its contribution and what it can do", he said.

Clinical governance faces uncertain future in primary care

There are no plans at present to issue guidance on clinical governance to independent NHS contractors in Scotland.

However, any systems which are put in place must sit comfortably alongside professional self-regulation, says Anne Jarvie, the chief nursing officer at the Scottish Office.

"I hope we would be told if there was ever a conflict between clinical governance and what the professions are trying to promote," she told the Scottish Pharmacists' Conference last weekend.

MEL(1998)75 provided guidance to help NHS trusts develop strategies for clinical governance. "Although it builds on existing good practice, it is a new and more formal responsibility for trusts to take on board," she said.

The next few years will be a 'huge learning exercise for us all', said Mrs Jarvie, adding that guidance would be



Anne Jarvie, the chief nursing officer at the Scottish Office, who ehaired the multi-professional working group on elinical governance

revised in two years time in the light of experience.

The cornerstone of clinical governance is education – a belief in the importance of life-long learning. "Organisations which are seriously committed to CPD for their staff will not expect it to be done entirely in lunchtimes, or days off, or at staff's own expense," she said.

"We are expecting trusts to consider where on their list of priorities quality of care and the need for investment in education comes." There are huge discrepancies in the support given to staff from different disciplines, she said.

Every Scottish NHS trust must put in place a forum in which staff can raise concerns over any aspect of service delivery. Trusts are also being asked to take a more active approach to preventing deficits in care.

"We are hoping that clinical governance will enable us to give patients guarantees about what they can expect from their Health Service. That, in part, will come from knowing that where there are unacceptable variations in practice they will be dealt with swiftly," said Mrs Jarvie.

Each trust has been tasked with establishing a clinical governance committee, with equal status to the financial audit committee. The only people who cannot be members are the chief executive and the directors of nursing and medicine. They must be chaired by a non-executive trust director. Trust chief executives are named as responsible for clinical governance.

In all these respects arrangements differ from those in England and Wales.

Although it is accepted that clinical governance may look different in primary care, "and that may be more difficult to work out", the guidance states that its principles are to apply to all NHS organisations and to anyone from whom the NHS commissions services, said Mrs Jarvic.

A clinical governance support network is being set up to help share good practice. A steering group met this week with non-executive chairmen of local committees.

It is hoped to get early guidance to trusts about the kind of information they will be expected to include in next year's annual reports. The steering group is also planning a meeting in June to establish a clinical risk management forum for the NHS in Scotland.

The support network has identified the following topics around which it intends to organise groups:

- clinical effectiveness and R&D
- patient involvement and confidentiality of information
- staff support and training.

It hopes to hold the first meetings in September, said Mrs Jarvie.

Providing local colour to the 'Over to You' RPSGB roadshow were Scottish 'New Age' co-ordinator and Dundee pharmacist Alison Strath (left) with John Hamley and Gill Cruickshank, also from Tayside, and SPGC chairman George Romanes, from Duns

Over to You goes north of the border

The thorny question of payment is often a sticking point when an untried and untested pharmacist seeks to work collaboratively with doctors.

Borders Health Board took the view that high spending GP practices needed pharmaceutical help and paid £25 an hour for it, said Duns pharmacist George Romanes, describing his own personal efforts to take the 'New Age' process forward.

The approach has been a great success and some of those recruited by the health board have been asked to join a prescribing team headed by a primary care pharmacist adviser.

Gillian Cruickshank, a practice pharmacist in Dundee outlined how Tayside Health Board had funded a £400,000 project, which started in 1997, to provide GP practices with a practice pharmacist. Seventeen practice pharmacists now covered 33 practices.

John Hamley's advice to anyone thinking of developing a collaborative project with GPs is to 'go for it'. He has been running a chronic pain management clinic in a GP practice since 1993.



Business news



Dieno George, SSL International's UK md

Seton Scholl and London International Group (LIG) have agreed to merge to form SSL International (SSLI), a world-wide group worth £1.43 billion. SSLI would have had pro-forma sales of around £642 million in 1998/99.

Under the all-paper offer, Seton Scholl shareholders will retain their shares, while LIG shareholders will receive 23.41 new SSLI shares for every 100 LIG shares they hold. The merger values each LIG share at 176.8p, which makes the company worth around £615m.

The new group's equity split is 56.5:43.5 per cent in favour of Seton Scholl.

Its board will comprise executives from both companies: Stuart Wallis, Scton Scholl's chairman, has been appointed chairman of the new group; Nick Hodges, LIG's chief executive, is its deputy chairman; Ian Cater, Scton Scholl's chief executive, is SSLI's chief

Seton and LIG to form merged £1.43bn group

executive; while Dieno George, Seton Scholl's UK managing director & global marketing, retains a similar title within the new group.

Both companies said the merger made strategic sense because they supply complementary healthcare and medical brands to the same customers: pharmacies, grocery, drug stores and health professionals.

SSLI could use its financial power to spend more on marketing brands, while its technology could be applied to a wider range of products. Some of Seton Scholl's products, meanwhile, could be produced by LIG's low cost plants.

The new group expects to save considerable costs by:

- creating a more efficient distribution network by combining sales, marketing and distribution operations
- eliminating duplicated office and administrative costs
- increasing purchasing power with suppliers
- streamlining manufacturing and research and development facilities
- improving trading terms with major customers.

Exceptional costs related to the merger amount to about £30m, which the group expects to cover within three years. It plans to slash costs annually by £20m£25m.*

Dieno George, SSLI's UK managing director, said its overall cost savings would exceed those achieved when Seton Healthcare merged with Scholl last year.

He added: "We'll also use our enhanced market place to get wider distribution and to work more effectively with key accounts and major multiples." SSLI, he added, will be a significant supplier to the NHS, pharmacies and grocers.

The combined group will have close to 8,000 employees, and expects to slash around 150-300 non-manufacturing jobs. It does not plan to rationalise any plants – Seton Scholl has seven in the UK and the Channel Islands, while LIG has 12 in Europe, Asia and the US.

The group's base will be Seton Scholl's current headquarters in Knutsford, Cheshire.

Seton Scholl's pre-tax profits rose 19 per cent to £56m for the year to

February 28. Taking into account an exceptional charge of £39.4m for merger costs, the group's profits fell 65 per cent to £16.6m. Its turnover was up 5 per cent to £307.9m.

Seton Scholl's UK profits rose 11.6 per cent to £36m on a turnover of £155m - up 11.2 per cent.

Its global medical, wound management and continence care sales rose 10.4 per cent to £94m, footwear and retail sales grew 6.7 per cent to £89m, and footcare and OTC sales rose 4.4 per cent to £129m. Its turnover from third party deals and other business was £23m.

With the integration of Seton and Scholl largely complete, Seton Scholl's operating margins rose three percentage points to 20.7 per cent.

LIG's pre-tax profits, after exceptionals, fell 10 per cent to £24.5m for the year to March 31. Its turnover fell 2.9 per cent to £334.5m.

The bulk of LIG's sales stem from condoms, such as Durex, which account for 40 per cent of its turnover; and medical gloves, accounting for 28 per cent. Its Marigold industrial gloves make up 11 per cent of the turnover.

IN BRIEF

New Albapharm address

AlbaPharm, the Scottish buying graup, has maved to new affices at: The Mill, Barnyards, Easter Skene, Aberdeenshire, AB32 6YB. Its tel/fax remains: 01224 740209.

UK pharma firms set record

UK-based pharmaceutical firms achieved a recard trade balance in medicines af £2.4 billian last year, up 8 per cent an 1997.

Internet advice

Nettec, a Londan-based IT cansultancy, has set up a pharmaceutical, healthcare and chemical division to help campanies in these sectars develap internet strategies. Far mare information, tel: 0171 514 9500.

Glaxo shares fall

Glaxa Wellcame's shares fell 61p to 1735p after it revealed its sales had risen anly 2 per cent to \$2.68 billian during the first four manths of this year. GW said it had partly been affected by US whalesalers stackpiling praducts last year, which meant they ordered less early this year.

Elan pleads for more freedom under PPRS

Elan Corp, one of Ireland's biggest companies, has urged the government to give it more freedom to expand within the Pharmaceutical Price Regulation Scheme.

The group, which last week opened its new UK and European headquarters in Letchworth, Hertfordshire, is worth more than £5.6 billion and has research facilities and plants in Ireland, the US and Israel. Last year, it reported profits of £162 million on sales of £423m, compared with less than £31m in 1990.

Such growth mainly stems from Elan's acquisitions, which include Athena Neurosciences, acquired for \$537m in 1996, Sano Corp (\$435m), which specialises in nicotine patches and Carnrick (\$150m), a neurology and pain specialist.

The group focuses on treatments for neurological conditions, pain control and acute care, especially managing cardiovascular problems in surgery and intensive care.

Elan's UK subsidiary, in contrast, is a far smaller operation. Its UK sales are around £12m, although they grew

almost 50 per cent last year and are expected to rise by around 60 per cent this year.

Dr Huw Jones, Elan Pharma's vice president and managing director UK, said small and medium-sized pharmaceutical companies should have different rules to expand within PPRS' framework. "We need the right trading environment in which to thrive. Under the right trading conditions, which are largely determined by government policy, we anticipate creating even more high calibre jobs in the area [Letchworth] as we continue to grow," he said. This year, Elan Pharma will take on 30 more staff in the UK.

Under current PPRS rules, companies carning £1m.£20m do not have to negotiate with the Government how much profits they will be allowed to make on ethicals. But they must still give the Department of Health detailed figures when they apply for price increases.

Its new UK site houses marketing and selling teams and is responsible for the group's European clinical development.



(l-r) John Groom, Elan Corp's president, Dr Huw Jones, Elan Pharma's vice president, Baroness Hayman, under secretary of state for health, who officially opened the new HQ, Dr Dai Rowley-Jones, Elan Pharmaceuticals' senior vice president, and Donal Geaney, Elan Corp's chairman

Elan Pharma's former UK base was in Stevenage, but it moved into Du Pont's Letchworth site because it allows more scope to expand.

European pharma firms face dark future

European pharmaceutical companies face an uncertain future because they are not earning enough money to finance their spiralling research and development costs, according to Boehringer Ingelheim.

Bl said the companies are hampered by a cumbersome regulatory structure: product licensing decisions can take up to nine months, and firms may then have to wait more than one year for their prices to be approved.

The prices of new products which are still patent protected, it adds, are also being depressed so much that "it is becoming impossible to recoup the expenditure on research within the lifetime of the patent".

Another complication is different countries' pricing policies, which dis-

torts competition and encourages parallel imports. And as more countries are using international comparisons to set their prices, the price levels throughout Europe are falling.

BI says the impact on European firms is evident: last year six of the top ten pharmaceutical companies were from the US and the remainder European. Ten years ago the ratio was reversed.

"It remains uncertain whether solutions for a genuine single market for medicinal products can be found before it is too late for the European pharmaceutical industry to salvage its competitiveness," it says.

BI's European sales fell 7 per cent to DM3,202 million last year.

But its performance in the UK mar-

ket bucked the trend. Its UK OTC sales topped £8.5 million and could reach £10 million this year, according to Dr Patrick Knowlson, its UK managing director.

One of the best performers is Pharmaton capsules, a VMS product whose sales leapt 423 per cent to £3 million for the year to February. The brand has been relaunched to treat daytime fatigue.

Dulcolax laxative range, meanwhile, grew 377 per cent to £2.1 million last year. And the Uvistat suncare range is worth around £3 million, which makes it the third biggest suncare brand in pharmacies.

Bl will launch a herbal medicine next year and another in 2001.

The company's UK ethical sales are

worth £75 million and are growing around 12 per cent; its hospital turnover is around £20 million and its animal health sales £7.5 million.



Dr Patrick Knowlson, Boehringer Ingelheim UK's managing director

Photo-Me and BT to launch internet/photo booths

Photo-Me International's shares leapt 144p to 715p after the company announced it had signed a deal with BT to introduce a network of internet and multimedia photobooths around the UK.

Both companies are working together to develop a Multimedia Communication Centre (MCC), which combines the services of a traditional Photo-Me booth with internet facilities. Within these centres, customers will be able to create their own websites, send e-mail and surf the web. MCC's screen will also be used to host advertising.

In addition, customers can plug in digital cameras and print out or e-mail photographic images.

MCCs will initially accept eash only, while later models will accept credit cards.

A few booths will be installed in December and around 1,000 will be rolled out in spring 2000. These will be located in high traffic areas such as shopping centres, supermarkets and airports, and will largely replace the

4,500 standard booths Photo-Me currently operates in the UK.

Tim Steer, a growth company analyst at Merrill Lynch, said the deal could earn Photo-Me/BT an extra £40 million a year, most of which would be profits, assuming 3,000 MCC

booths are installed by April 2001

BT and Photo-Me will share the multi-media and advertising revenues and costs, while BT will help towards the capital cost of the booths. Photo-Me will keep the revenues carned on MCC's photographic services.

Orphan drug incentives expected soon

Legislation encouraging the development of 'orphan' drugs could be in place by the end of this year or early 2000.

Carol Youngs, vice-president, European Organisation for Rare Disorders, said on Monday that good progress had been made towards devising incentives for pharmaceutical companies to develop drugs for which there were too few patients to justify full development programmes.

An orphan medicinal product regulation (not a directive) had its first reading in the European Parliament three weeks ago and had since gone back to member states for further discussions. The legislation offers proto-

cols to help companies design clinical trials and could lead to a fast track system of authorisation. Ms Youngs said it was difficult at present for companies to obtain the required proof of safety and efficacy with the small numbers of patients involved. Manufacturers also complained about having to pay the same licensing fees when they were submitting much smaller dossiers.

Another important incentive would be to guarantee market exclusivity, she said. In the US, legislation prevented other companies marketing the same drug for the same rare disorder for a period of seven years. She thought that the EU was more likely to adopt a ten year exclusivity.

COMING EVENTS

TUESDAY, JUNE 1

NICPPET at The White Gables Hotel, Hillsborough, 10am to 5pm. 'Women's Health' (Dealing with Symptoms Module, Unit 6). Speakers: Mrs Jaqui Dougan, community pharmacist, Belfast, and Mrs Deirdre McAree, teacher practitioner, The Queen's University of Belfast.

ADVANCE INFORMATION

A one-day conference 'Retail - A People Industry' organised by the Centre for Retail Research, will be held on June 3 at the Commonwealth Institute, London. Tel: 01234 364 844

The Royal Pharmaceutical Society of Great Britain residential course on June 6-10, will be held in Madingley Hall, Cambridge.

BIRA is holding a meeting on June 7 at the Strand Palace Hotel, London. 'Biotech Workshop: Non-Clinical Testing' Tel: Sue Stevens, 0171 515 7673.

The Society of Cosmetic Scientists has organised an RDG Educational Event on June 8 at Nottingham: 'We haven't got a 10ft spatula – Laboratory Development meets Factory Production'.



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TRADE LESS 30%+VAT - 3x100 Cephalexin 250mg capsules (exp 2/00). Tel: 01667 462615.

FOR SALE

ZAF - F&F, good condition, inc drug counter & cosmetic counters. Available from 1 May, 1999. Own transport. Tel: 01604 711524.

MANREX - 30% off trade - monitored dose patient packs, all colours, files Also Martindale 31st edition, latest, new boxed £90 + p&p.Tel: 01245 264252.

JRC OSICOM - 486 Computer system (removable cartridge drive) £200 + carriage. Precisa Viscount tablet counter (280-9823) £100 + earriage. Takio freestanding blood pressure monitor 50p in slot, good working order £100 + earriage. Tel: 01352 752050

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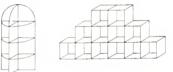
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To: Business Link, CHEMIST & DRUGGIST, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.
PLEASE COMPLETE IN BLOCK CAPITALS
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First names
Address
Postcode
Personal RPSGB Registration number
Telephone Number
Proposed advertisement copy (maximum 30 words)

Watch out, I've a toothbrush and I'm not afraid to use it

Our American cousins are at it again. We're talking litigation.

Now it is the turn of the toothbrush manufacturers to come under the scrutiny of the courts, for exposing people to the dangers of the toothbrush. Yes, toothbrushes can cause toothbrush abrasion, and if you are suffering in the US, you can sign up to the National Toothbrush Abrasion Class Action Lawsuit (what a mouthful!).

NTACAL argues against the American Dental Association saying: "People use toothbrushes the best they can ... we contend that few wake up each day and go to sleep at night asking themselves, How can we injure our mouth today?'." Instead, it believes that "if a substantial number of people injure themselves trying to do the right thing, then it is arguably legitimate to call into question the safety of this particular device"

The www.toothbrusblawsuit.com web site gives advice for people suffering such injuries. But if you want more information, call +1-877-767-3486. For those with touch-tone telephones that is +1-SORE-GUMS.

You will be relieved to know that on this side of the pond, the Government has started to combat the threat posed by pencils. A statutory instrument last year made under the Consumer Protection Act is called 'The Pencils and Graphic Instruments (Safety) Regulations 1998'. Don't worry. This isn't about the sharpness of your trusty 2B, but actually relates to the chemical contents of the 'lead' and coatings.

Derek Lawson recovering well from heart op



Derek Lawson, secretary and registrar of the Pharmaceutical Society of Northern Ireland, has returned home just ten days after a quintuple heart bypass operation.

Mr Lawson had the operation in Scotland on May 4 and was at home and mobile again ten days later. Further good news for Mr Lawson was the birth of his granddaughter on the day after the operation. He is currently on sick leave and will retire on September 1.

Office manager in the meantime is Joe Gault, who

has been seconded from Boots the Chemists to work two or three days a week.

Vision on

If you think of yourself as a "visionary" or "misunderstood genius", or if you have been "persecuted for the radical nature of your ideas", now is your chance to express yourself to a wider audience.

Maverick Television is researching a new series about prophets of our time, and wants to talk to anyone with a vision for the future of pharmaceuticals or chemistry. So after your next cuppa, remember to check the tea leaves for clues.

Perhaps someone from Lambeth could tell them about Pharmacy in a New Age

If you would like to "put your name down in history as the person future generations will remember when your predictions come to pass", contact Lucy Vernall on 0121 771 1812.

Hopeful millennium mothers use Superdrug service

Pharmacists should stock up with Calpol, nappies and other baby products to cope with an increased demand in the New Year. Superdrug's free pregnancy testing service for millennium babies indicates a baby boom may be on the

There was a 540 per cent increase in requests for in-store pregnancy tests in Superdrug pharmacies over the four week period between April and May.

Of the 25,760 women who used the service, over 26 per cent tested positive, which means that maternity wards will be busy over the millennium, according to Superdrug.

APPOINTMENTS

David J Stevens is the new senior vice-president, general counsel and corporate secretary for IMS Health. Taylor Nelson Sofres Healthcare has appointed **Christine Gray** to its UK GP syndicated services team. Ms Gray was previously market research manager at

Dr Joseph Marasco has been appointed vice-president for commercial operations, North America, at Chirotech Technology Ltd.



Christine Gray

Dr Lindsay Howden (left), former professional secretary of the British Society for the History of Pharmacy, has been presented with an inscribed decanter by the Society's president Dr John Hunt, in recognition of his 14 years' service. The presentation was made at the BSHP annual conference in Stratford last month



I wanna tell you a story

Who would have thought that Max Bygraves was actually a healer? His penchant for relating anecdotes may actually help heal the mind and body, according to the advertising blurb we received recently.

The European Therapy Studies Institute is holding a series of workshops for medical and caring professionals on how to tell stories that heal. "At this workshop a master storyteller explains why metaphors in stories have such a powerful beneficial effect on the mind/body system and shows you how to tell such therapeutic tales," it says.

lsn't it sad that in this touchy-feely new age, rather than helping people to 'heal', telling tales still seems to lead to trouble - as a certain William Clinton may testify. Research published last week also suggests that Pinocchio was based on fact - telling lies makes the nose grow as blood flows into sponge-like

The storytelling workshop is run by Mindfields Seminars - an interesting pun. Should someone open the gate into this conservative profession's mind fields so that we will be a little less judgmental about such therapy?

Now, has anyone got any proof for homoeopathy?

Pharmacist gets fired up

Richard Westwell is a trail blazing pharmacist much in demand at barbecues and children's parties.

The branch manager from Boots in Accrington enjoys firebreathing in his spare time. It all began in the summer of 1997 when he took a series of day courses in adventurous activities, including sky diving, helicopter flying, speedway motorcycling and gliding.

Firebreathing was the activity Richard decided to continue with, as it is "relatively inexpensive" and "easier than it looks" (but don't try it at home, kids). The party trick is saved for special occasions because the flammable fluid used "doesn't taste very good". There is also, of course, the associated health risks - Richard claims to "take most of my body hair off once in a while'

There's an invite to our next office party in the post, Richard.



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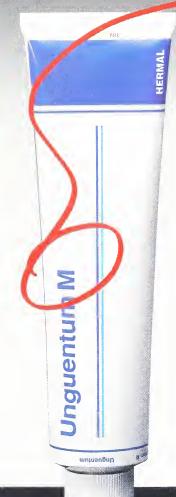
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